KOLAR Document ID: 1528242

| | WELL R | | | WWC-5 | | | on of Wate | - 1 | | | | | | |
|--|--|---|--------------------------|---|--|-------------------------|---|---|--------------------------|--|---------|---|--|--|
| | Record ION OF W | | | e in Well Use | | | | rces App. N | | Taranahin Manah | Well ID | | | |
| 1 LOCATION OF WATER WELL: County: | | | Fraction 1/4 1/4 1/4 1/4 | | | Section Number Township | | | Township Numb | $\begin{array}{c c} \text{umber} & \text{Range Number} \\ \text{S} & \text{R} & \square \text{ E} \ \square \text{ W} \end{array}$ | | | | |
| country. | | | | | | | reet or Rural Address where well is located (if unknown, distance and | | | | | | | |
| | | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: | Address: Address: | | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | | | |
| 3 LOCATE WELL WITH (SY) IN 4 DEPTH OF COMP | | | | | | | C | | _ | | | | | |
| WITH "2 | | | | | | . It. | | | - | | _ | | | |
| SECTION BOX: ft 2) | | | | ncountered: 1) ft. o ft., or 4) Dry Well | | | | Longitude: | | | | | | |
| N | · | | L'S STATIC WATER LEVEL: | | | | | | | NAD 21 | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | | GPS (unit make/model:) | | | |) | | |
| NW | NE | above la | | | | | WAAS enabled? | | | | | | | |
| | | Pump test da after | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | | | | | |
| W | E | arter | ft. | | | niine | e Mapper: | | | | | | | |
| SW | SE | after | gpm | | | | | | | | | | | |
| | | Estimated Y | | 6 Elevation:ft. ☐ Ground Level ☐ To Source: ☐ Land Survey ☐ GPS ☐ Topographic M | | | | | | | | | | |
| S 1 m | | Bore Hole Diameter: in. to | | | | | and Source: Land Survey GPS GPS GPS | | | | | | | |
| 1 mile in. to ft. Uother | | | | | | | | | | | | | | |
| 7. WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | | | | | |
| ☐ Household 6. ☐ Dewatering: how m | | | | | | | | 11. Test Hole: well ID | | | | | | |
| | | | | echarge: well ID | | | | | ☐ Uncased ☐ Geotechnical | | | | | |
| ☐ Livestock 8. ☐ Monitoring | | | | | | | 12. Geothermal: how many bores? | | | | | | | |
| Irrigation Feedlot | | | Vironmenta Air Sparge | Remediation: well ID | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | | | |
| 4. ☐ Industrial ☐ Recovery | | | | ☐ Injection | Latraction | | 13. Other (specify): | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \[\subseteq \text{Yes} \] No If yes, date sample was submitted: | | | | | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | | | | | |
| 8 TYPE O | F CASING | USED: ☐ St | eel PV | C Other | | CA | SINC | JOINTS | : 🗆 | Glued Clamped | l Weld | ed Threaded | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | | | |
| | TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | |
| ☐ Brass | ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | | |
| ☐ Contin | uous Slot | ☐ Mill Slot | ☐ Ga | auze Wrapped | □То | orch Cut | Dril | lled Holes | | Other (Specify) | | | | |
| _ | | ☐ Key Punch | | | _ | | | ne (Open H | | | | | | |
| | | | | | | | | | | ft., From | | | | |
| | | | | | | | | | | ft., From | | | | |
| | | | | | | | | | | ft. to | | • | | |
| | | e contamination | on: No | potential source of | of cor | ntamination | withi | n 200 ft. | | | | | | |
| ☐ Septic 7 | | | ateral Line | | | | | ivestock Pe | | ☐ Insection | | | | |
| ☐ Sewer I | | _ | Cess Pool | ☐ Sewa | | | | uel Storage | | Abando | | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | | | | | | | | |
| | | | | | | | | | | ft. | | | | |
| 10 FROM | TO | | ITHOLOG | | | FROM | | | | HO. LOG (cont.) or | | NG INTERVALS | | |
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| | | | | | | Notes: | | <u>l</u> _ | | | | | | |
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| | | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | | | |
| | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. | | | | | | | | | | | | | |
| _ | | na Environment, <u>ks.gov/waterwell</u> | | valei, Geology Secti | ion, 10 | JUU S W JACK | 5011 3 [. | ., Suite 420, | rope | жа, Канѕаѕ 00012-130 | | SA 82a-1212 | | |