KOLAR Document ID: 1533354

| | WELL R | ECORD Correction | | WWC-5 ge in Well Use | | vision of Wat ources App. | | | Well ID | | |
|---|---|----------------------------|---|--|---|--|--|----------------------|-----------------------------|----------------|--|
| | | ATER WEL | | Fraction | | ction Numb | | Township Numb | | ge Number | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | | $\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$ | | | | |
| 2 WELL OWNER: Last Name: First: S | | | | | | Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here: | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | |
| | | | | DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | 5 Latitude:(decimal degrees) | | | | |
| SECTIO | | | | 3) ft., or 4) | | | Longitude: | | | | |
| r | N | | WELL'S STATIC WATER LEVEL: | | | | Source for Latitude/Longitude: | | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | | unit make/model: | |) | |
| NW | NE | | | | | | | WAAS enabled? | | | |
| | | - | Pump test data: Well water was ft. | | | | Land Survey Topographic Map | | | | |
| W | E | after | after hours pumping | | | | □ Online Mapper: | | | | |
| SW | SE | after hours pumping | | | | | | | | | |
| | | Estimated Y | | 8P.m | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | S | Bore Hole D | Diameter: | ft. and | Sour | Source: Land Survey GPS Topographic Map | | | | | |
| 1 r | | | ft. | Other | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| | 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | |
| | | | | | \Box Cased \Box Uncased \Box Geotechnical | | | | | | |
| | | | | g: well ID | | | | al: how many bores | | | |
| 2. 🗍 Irrigati | . Irrigation 9. Environmental Remediation: well ID | | | | | | | Loop 🗌 Horizont | | | |
| | | | Air Sparg | - | Extraction | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | | |
| 4. 🗌 Industr | | | Recovery | Ũ | | | 13. Other (specify): | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| □ Steel □ Stainless Steel □ PVC □ Other (Specify) | | | | | | | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | |
| | Continuous Slot I Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft. to | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Interv | als: From | ft. to | | ft., From | ft. to | ft., From | | | | | |
| | | le contaminati | | potential source of con | | | | | | | |
| ☐ Septic ☐ Sewer | | | Lateral Line Cess Pool | es | | Livestock P | | | cide Storage | | |
| | | | | ☐ Sewage La | | Fuel Storag | e torage | | oned Water ' ll/Gas Well | wen | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | L | ITHOLO | GIC LOG | FROM | TO | LIT | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | 1 | | | | |
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| | | | | | | | | | | | |
| | | | | | Notes: | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | |
| under my j | urisdiction a | nd was compl | eted on (n | no-day-year) | and | this record | is tru | ie to the best of my | y knowled | ge and belief. | |
| Kansas Wa | ter Well Co | ntractor's Lice | ense No | This Wa | ater Well Re | cord was co | omple | ted on (mo-day-ye | ear) | | |
| under the b | usiness nam | e of | WATED | /FLL OW/NER and retain (| one for your rea | ords Fas of ¢ | | or each constructed | <u></u> 11 | <u></u> | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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. | | | | | | | | | | | |
| - | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |

