## KOLAR Document ID: 1365276

|   | WELL R  |  |  | WWC-5          |                |           |  | sion of Wat  |        |                       |                 |                                |  |  |
|---|---|--|--|----------------|----------------|-----------|--|--|--------|-----------------------|-----------------|--------------------------------|--|--|
|   |   | Correction                                   |  | e in Well Us   | e              |           |  | urces App. 1   |        |                       | Well ID         |                                |  |  |
| 1 LOCATION OF WATER WELL:<br>County:  |   |  | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ |                |                |           | Section Number Township Number T S                               |  |        | er Ran<br>R           | $\Box E \Box W$ |                                |  |  |
| 2 WELL OWNER: Last Name: First:   |   |  |  |                |                |           | or Rural Address where well is located (if unknown, distance and |  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                |           |  | rection from nearest town or intersection): If at owner's address, check here: |        |                       |                 |                                |  |  |
| Address:  |   |  |  |                |                |           |  | ,  | ,      |                       |                 |                                |  |  |
| Address:<br>City:   |   |  | State:   | ZIP:           |                |           |  |  |        |                       |                 |                                |  |  |
| 3 LOCATI  | E WELL  |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL:  |   |  |  |                |                |           |  |  |        | :                     |                 | -                              |  |  |
| <b>SECTION BOX:</b> Depth(s) Groundwater Encountered: 1)  |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| N   | 2) ft. 3) ft., or 4)<br>WELL'S STATIC WATER LEVEL:  |  |  |                |                |           |  |  |        |                       |                 | AD 27                          |  |  |
|   |   | below land surface, measured on (mo-day-yr)  |  |                |                |           |  |  |        | unit make/model:      |                 | )                              |  |  |
| NW  | NE  | above land surface, measured on (mo-day-yr   |  |                |                |           |  |  |        | WAAS enabled?         |                 |                                |  |  |
|   |   | Pump test data: Well water was ft.           |  |                |                |           |  | $\Box$ Land Survey $\Box$ Topographic Map                                      |        |                       |                 |                                |  |  |
| W   | E   | after hours pumping gp<br>Well water was ft. |  |                |                |           |  | Online Mapper:   |        |                       |                 |                                |  |  |
| SW -X   | SE  | after  | after hours pumping  |                |                |           |  |  |        |                       |                 |                                |  |  |
|   |   | Estimated Yield:gpm                          |  |                |                |           | 6 Elevation:ft. Ground Level                                     |  |        |                       |                 |                                |  |  |
| 5   |   | Bore Hole Diameter: in. to                   |  |                |                |           |  | Source: Land Survey GPS Topographic  |        |                       |                 |                                |  |  |
| 1 m   |   | BE USED A                                    |  | in. to         | )              | II.       |  |  |        |                       | •••••           |                                |  |  |
| 1. Domestic:  |   |  |  | ter Supply:    | well ID        |           |  | 10 🗆 0   | il Fie | eld Water Supply: le  | ease            |                                |  |  |
| 1. Domestic:     5. □ Public Water Supply: well ID       □ Household     6. □ Dewatering: how many wells?   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| □ Lawn & Garden 7. □ Aquifer Rechar   |   |  |  |                | harge: well ID |           |  |  | ased   | Uncased 🔲 🤇           | Geotechnica     | 1                              |  |  |
|   | □ Livestock     8. □ Monitoring: well ID       . □ Irrigation     9. Environmental Remediation: well ID |  |  |                |                |           |  |  |        | al: how many bores    |                 |                                |  |  |
| 2. ☐ Irrigation 2. ☐ Irrigati |   |  |  |                |                |           |  |  |        | l Loop 🔲 Horizont     |                 |                                |  |  |
| 3. Example Feedlot   Air Sparge   Soil Vapo     4. Industrial   Recovery   Injection  |   |  |  |                |                | Extractio | 1  | b) Open Loop □ Surface Discharge □ Inj. of Water<br>13. □ Other (specify):     |        |                       |                 |                                |  |  |
| Was a chemical/bacteriological sample submitted to KDHE?     Yes     No     If yes, date sample was submitted:  |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| Water well disinfected? $\square$ Yes $\square$ No  |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
|   |   |  |  | C □ Other.     |                | C         | ASIN   | IG JOINTS  | S: 🗆   | ] Glued 🔲 Clamped     | I 🗌 Welde       | 1 🗌 Threaded                   |  |  |
| Casing diame  | eter  | in. to                                       | ft.,   | Diameter .     |                | . in. to  |  | ft., Diar  | neter  | · in. to              | ft.             | _                              |  |  |
|   |   | urface                                       |  |                |                | lb        | s./ft.   | Wall thic  | kness  | s or gauge No         |                 |                                |  |  |
|   |   | PERFORAT                                     |  |                |                |           |  |  | 1 /    | <b>G</b> .( )         |                 |                                |  |  |
| □ Steel<br>□ Brass  |   | less Steel                                   | ☐ Fiber  | 0              |                | used (one | n hole   |  | ner (: | Specify)              | •••••           |                                |  |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
|   | uous Slot   | I Mill Slot                                  |  | auze Wrappe    | d 🗌 T          | orch Cut  | 🗌 Dı   | rilled Holes   |        | Other (Specify)       |                 | ,                              |  |  |
|   |   | ☐ Key Punch                                  |  |                |                | aw Cut    |  | one (Open H  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                |           |  |  |        | ft., From             |                 |                                |  |  |
|   |   |  |  |                |                |           |  |  |        | ft., From             |                 |                                |  |  |
|   |   |  |  |                |                |           |  |  |        | ft. to                |                 |                                |  |  |
|   |   | e contaminatio                               |  | , 1 10111      | •••••          |           | • • • • • • • • • •  | , 1 10111  |        |                       |                 |                                |  |  |
| Septic 7  | Fank –  |  | ateral Line  |                | Pit Privy      |           |  | Livestock Pe   |        |                       | cide Storage    |                                |  |  |
| Sewer I   |   |  | Cess Pool  |                | Sewage La      | agoon     |  | Fuel Storage   |        |                       | oned Water      | Well                           |  |  |
|   | ght Sewer Lin   | es ∐S  | eepage Pit   |                | Feedyard       |           |  | Fertilizer St  | orage  | e 🗌 Oil We            | ll/Gas Well     |                                |  |  |
|   |   |  |  |                |                |           |  |  |        | ft.                   |                 |                                |  |  |
| 10 FROM   | TO  |  | ITHOLO   |                |                | FRC       |  | ТО   |        | THO. LOG (cont.) or   |                 | G INTERVALS                    |  |  |
|   |   |  |  |                |                |           |  |  |        |                       | ·               |                                |  |  |
|   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                |           | $\rightarrow$  |  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                |           | -+   |  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                | Note      | s:   |  | 1      |                       |                 |                                |  |  |
|   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
|   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| 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) and this record is true to the best of my knowledge and belief.  |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| Kansas Water Well Contractor's License No This Water Well Record 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 <u>constructed</u> well.<br>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.   |   |  |  |                |                |           |  |  |        |                       |                 |                                |  |  |
| -   |   | nd Environment,<br>s.gov/waterwell           |  | Vater, Geology | Section, 1     | 000 SW Ja | ckson S  | st., Suite 420   | , Торе | eka, Kansas 66612-136 |                 | e 785-296-3565.<br>SA 82a-1212 |  |  |