KOLAR Document ID: 1563003

| WATER WELL RECORD Form WWC-5 Di | | | | | I | , | W 11 ID | | |
|---|---|--------------------------|--|--|---|---------------|-----------|----------------|--|
| | | ge in Well Use | | sources App. 1 | | | Well ID | NY 1 | |
| 1 LOCATION OF W | ATER WELL: | Fraction | | ection Numb | | ip Number | | ige Number | |
| County: | 1/4 1/4 1/4 | 1/4 C4 | 1 A 1.1 | T | S | R | □ E □ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from pearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COM | IDI ETED WELL. | | ft 5 T a4:4 | | | | /1 · 11 · \ | |
| WITH "X" IN | Depth(s) Groundwater 1 | | | t. 5 Latitude: | | | | | |
| SECTION BOX: | 2) ft. 3 | | | n: 🔲 WGS 84 | | | | | |
| N | WELL'S STATIC WA | | | e for Latitude/I | | .э <u>П</u> Г | IAD 21 | | |
| | ☐ below land surface. | | | | | |) | | |
| NW NE | ☐ above land surface, | yr) | " | · (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | Pump test data: Well w | | | ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | after hours | | | Online Mapper: | | | | | |
| SW SE | Well w | | | | | | | | |
| x i | after hours | gpm | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | | | | |
| S | Estimated Yield:gpm Bore Hole Diameter:in. toft. and | | | | Source: Land Survey GPS Topographic Map | | | | |
| mile | | | | Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ter Supply: well ID | | . 10. □ O | il Field Water S | Supply: leas | e | | |
| ☐ Household | 6. ☐ Dewaterin | | | 11. Test Hole: well ID | | | | | |
| Lawn & Garden | 7. Aquifer Re | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | |
| ☐ Livestock | 8. Monitorin | | . 12. Geot | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | 9. Environmenta | Extraction | | a) Closed Loop _ Horizontal D Vertical | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge | | b) Open Loop | | | | | | |
| | 4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify): | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? | | | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| 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 ☐ 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., From ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| Nearest source of possibl | e contamination: No | potential source of cont | | | | | | | |
| ☐ Septic Tank | ☐ Lateral Line | | | Livestock Pe | | Insecticide | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well | | | | | | | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | |
| 10 FROM TO | LITHOLOG | | FROM | | | | LICCIN | G INTERVALS | |
| IV I KOWI TO | LITHOLOG | JIO LOU | TROM | 10 | LITIO. LOU | (Cont.) Of FI | 20001111 | O II (TEK VALO | |
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| | | | Notes: | 1 | | | | | |
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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) | | | | | | | | | |
| Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of | | | | | | | | | |
| under the business name | of | TELL OWNER 1 1 1 | | 1 77 2 2 | | | <u></u> | | |
| | Send one copy to WATER W | | | | | | Telephone | × 785-296-3565 | |
| 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 | | | | | | | | | |