KOLAR Document ID: 1538195

| WATER W | | | | WWC-5 e in Well Use | | | sion of Wat urces App. 1 | | | Well ID | | |
|--|------------|--|--|-------------------------------------|---|---|---|-------------------------------|---|-------------------|----------------|--|
| Original Record Correction Chang LOCATION OF WATER WELL: | | | Fraction | | | | on Number Township Num | | | ge Number | | |
| County: | | | | | 1/4 1/4 | ¹ / ₄ T S | | | | R | | |
| | | | | | | Street or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| City: | | 1 | State: | ZIP: | | | | | | | | |
| 3 LOCATE W WITH "X" I | | | IPLETED WELL: | | | | | | | (decimal degrees) | | |
| SECTION B | | Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) 🗆 I | | | | | Longitude:(decimal degrees) | | | | | |
| Ν | | WELL'S ST | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | | | unit make/model: | |) | |
| NW N | NE | above land surface, measured on (mo-day-yr) | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| | | Pump test data: Well water was ft. after hours pumping gpm | | | | | \Box Land Survey \Box Topographic Map | | | | | |
| W | E | Well water was ft. | | | | | | Online Mapper: | | | | |
| | | | | s pumping gpm | | | (Flore | 6 Elevation & Crowd Level 700 | | | | |
| | | Estimated Yield:gpm | | | | L | 6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map | | | | | |
| S | | Bore Hole Diameter: in. to f | | | | a | $\Box \text{ Other } \dots$ | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. Depublic Water Supply: well ID | | | | | | | | | | | | |
| Household | | 6. Dewatering: how many wells? | | | | | | | D | | | |
| | | | 7. □ Aquifer Recharge: well ID 8. □ Monitoring: well ID | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | | | | | | | | | Closed Loop \square Horizontal \square Vertical | | | |
| 3. ☐ Feedlot | | | | - | | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| | | Key Punch | | | Saw Cut | | one (Open H | | | £4.4- | £. | |
| | | | | n ft. to n ft. to | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. o ft. to ft. ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft. | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| Nearest source of Septic Tank | | | o n: No Lateral Line | potential source of coss Pit Privy | | | hin 200 ft. Livestock Pe | ane | | ide Storage | | |
| Sewer Line | | | Cess Pool | \square Sewage I | | | Fuel Storage | | | ned Water | Well | |
| U Watertight | | | | ☐ Feedyard | | | Fertilizer Sto | orage | 🗌 Oil Wel | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | | |
| | TO | | ITHOLOG | | | OM | ТО | | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | | | | · · · · | | | |
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| | | | | | Not | es: | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged | | | | | | | | | | | | |
| under my jurisc | diction an | d was compl | eted on (n | no-day-year) | | and t | his record | is tru | te to the best of my | y knowledg | ge and belief. | |
| | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| KS Department | | | | Vater, Geology Section, | 1000 SW . | Jackson S | St., Suite 420. | , Торе | eka, Kansas 66612-136 | | A 82a-1212 | |