KOLAR Document ID: 1634687

| WATER WELL RECO | | WWC-5 ge in Well Use | | ision of Water ources App. No | | Well ID | | |
|--|---|-------------------------|---|--|----------------------------|-----------------------|--|--|
| 1 LOCATION OF WATER | <u> </u> | Fraction | | tion Number | Township Numb | | | |
| County: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1/4 1/4 1/4 | 1/4 | | T S | R DE DW | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | | direction from | rom nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL | | • | | | | | | |
| WITH "X" IN 4 DI | TH "X" IN 4 DEPTH OF COMPLETED WELL: | | | , | | | | |
| | Depth(s) Groundwater Encountered: 1) | | | Longitude:(decimal degrees) | | | | |
| | 2) ft. 3) ft., or 4) ☐ ☐ WELL'S STATIC WATER LEVEL: | | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude: | | | | |
| | below land surface, measured on (mo-day-yr) | | | | | <u>:</u> :) | | |
| | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | | |
| 1 1 1 1 1 - 1 | | | | | Online Mapper: | | | |
| X SW SE Estim | Well water was ft. after hours pumping gpn | | | | | | | |
| X Fstin | Estimated Yield:gpm | | | 6 Elevati | on:ft | . Ground Level TOC | | |
| | Bore Hole Diameter: in. to | | | Source: Land Survey GPS Topographic Map | | | | |
| mile | | | | | ☐ Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | |
| Lawn & Garden | — 1 & | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| ☐ Livestock 2. ☐ Irrigation | <u> </u> | | | 12. Geothermal: how many bores? | | | | |
| 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: | | | | | | | | |
| Water well disinfected? ☐ Yes ☐ No | | | | | | | | |
| 8 TYPE OF CASING USED | : Steel PV | C 🗌 Other | CASI | NG JOINTS: | ☐ Glued ☐ Clamped | d □ Welded □ Threaded | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter ft. | | | | | | | | |
| Casing height above land surface in. Weightlbs./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) | | | | | | | | |
| ☐ 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. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| Nearest source of possible contamination: No potential source of contamination within 200 ft. ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | |
| ☐ 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) | | | | | | | | |
| Direction from well? | | | | | | | | |
| 10 FROM TO | LITHOLO | GIC LOG | FROM | TO L | ITHO. LOG (cont.) or | r PLUGGING INTERVALS | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | Notes: | | | | | |
| | | | | | | | | |
| 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 | | | | | | | | |
| under the business name of | | | | | | , | | |
| 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. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |