KOLAR Document ID: 1401598

| | WELL R | | | WWC-5 | | vision of Wat | | | | | | |
|---|--|---------------------|--------------------------------|----------------------------|---|---|--|------------------------|---------------|-------------------|--|--|
| | | Correction | | ge in Well Use | | ources App.] | | | Well ID | | | |
| | | ATER WEI | .L: | Fraction | | ction Numb | er | Township Numb | | ge Number | | |
| County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S | | | | | | | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | | |
| Z WELL Business: | ast Name: | | | | ection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: | | | | | direction from | i nom nearest town of intersection). If at owner's address, check here. | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | 1 | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL WITH WY N 4 DEPTH OF COMPLETED WELL: | | | | | | 5 Latit | nde. | | | (decimal degrees) | | |
| | WITH "X" IN SECTION BOX: | | | | | | | | | | | |
| | N 2) ft. 3) ft., or 4) \Box | | | | | Dry Well Datum: WGS 84 NAD 83 NAD 27 | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | WELL'S ST | | | | | Latitude/Longitude | | | | | |
| | | | | yr) yr) | | | unit make/model: | | | | | |
| NW | NE | Pump test d | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | O) | | | |
| w | Е | - | hours | | | Online Mapper: | | | | | | |
| | | Well water was ft. | | | t. | | | | | | | |
| X ^{SW} | SE | after hours pumping | | | gpm | 6 Elevation:ft. 	Ground Level 	TOC | | | | | | |
| | | Estimated Yield:gpm | | | G 1 | Source: Land Survey GPS Topographic Map | | | | | | |
| | S nilel | Bore Hole L | Bore Hole Diameter: in. to | | | | | | | | | |
| 1 mile | | | | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | | |
| | | | | | how many wells? | | | 11. Test Hole: well ID | | | | |
| 🗌 Lawn d | | | 7. 🗌 Aquifer Recharge: well ID | | | Cased Uncased Geotechnical | | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | al: how many bores | | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID | | | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | | |
| 3. □ Feedlot □ Air Sparge 4. □ Industrial □ Recovery | | | | | b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify): | | | | | | | |
| | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box 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 □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify) | | | | | | | | | | | | |
| □ Brass □ Galvanized Steel □ Concrete tile □ 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. to ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| Nearest source of possible contamination: | | | | | | | | | | | | |
| | | | Lateral Line | | | Livestock P | | | ide Storage | | | |
| Sewer | | | Cess Pool | □ Sewage Lag □ Feedyard | | Fuel Storage Fertilizer St | | | oned Water | | | |
| | ight Sewer Lir | | Seepage Pit | | | rennizer Su | orage | | II/Gas well | | | |
| Other (Specify) Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | ТО | | ITHOLO | | FROM | TO | | HO. LOG (cont.) or | | G INTERVALS | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | <u>├</u> | | | | | | | | | | | |
| | <u>├</u> | | | | Notor | | | | | | | |
| | <u>├</u> | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | |
| under my ju | urisdiction ar | nd was compl | leted on (n | no-day-year) | and | this record | is tru | e to the best of my | y knowled | ge and belief. | | |
| | | | | This Wa | | | | | | | | |
| under the b | usiness name | e OI | WATED W | /ELL OWNER and retain of | me for your rea | ords Fee of ¢ | 5 00 £ | or each constructed we | <u></u> 11 | | | |
| KS Departm | | | | | | | | | | 2785-296-3565. | | |
| - | 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 | | | | | | | | | | | |