## KOLAR Document ID: 1487055

|   | WELL R  |  |             | WWC-5                               |                        |  | ion of Wate    |  |                           |              |                   |  |  |
|---|---|--|-------------|-------------------------------------|------------------------|--|----------------|--|---------------------------|--------------|-------------------|--|--|
|   |   | Correction   |             | e in Well Use                       |                        |  | rces App. N    | 1  | T 1' N 1                  | Well ID      |                   |  |  |
| 1 LOCATION OF WATER WELL:   |   |  | Fraction    |                                     |                        |  |                | Township Numb<br>T S   |                           | ige Number   |                   |  |  |
| County:     1/4       2 WELL OWNER: Last Name:     First:   |   |  |             |                                     |                        | $\frac{14}{14}$ T S R $\square$ E creet or Rural Address where well is located (if unknown, distance |                |  |                           |              |                   |  |  |
| Z WELL<br>Business:   |   | rection from nearest town or intersection): If at owner's address, check here:                                       |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| Address:  |   |  |             |                                     |                        |  |                | rection nonn nearest town of intersection). If at owner s address, eneck here. |                           |              |                   |  |  |
| Address:  |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| City:   |   | T  | State:      | ZIP:                                |                        |  | 1              |  |                           |              |                   |  |  |
| <b>3 LOCATE WELL</b><br>WITH WY N <b>4 DEPTH OF COMPLETED WELL:</b>   |   |  |             |                                     |                        |  | 5 Latit        | ude:   |                           |              | (decimal degrees) |  |  |
| WITH "X" IN<br>SECTION BOX:   |   |  |             |                                     |                        |  |                |  |                           |              | -                 |  |  |
|   | N 2) ft. 3) ft., or 4)  |  |             |                                     |                        | ell  |                |  | WGS 84 NAI                |              | NAD 27            |  |  |
|   | · · · · · · · · · · · · · · · · · · ·   | WELL'S STATIC WATER LEVEL:   |             |                                     |                        | Source for Latitude/Longitude.   |                |  |                           |              |                   |  |  |
| I   |   | <ul> <li>below land surface, measured on (mo-day-yr)</li> <li>above land surface, measured on (mo-day-yr)</li> </ul> |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| NW  | NE  | Pump test data: Well water was ft.   |             |                                     |                        | ······ (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map                                 |                |  | lo)                       |              |                   |  |  |
| w   | Е   | after  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   | Well water was ft.   |             |                                     |                        |  | Online Mapper: |  |                           |              |                   |  |  |
| SW  | SEA-  | after hours pumping gp   |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   | Estimated Yield:gpm  |             |                                     |                        | 6 Elevation:ft. Ground Level To  |                |  |                           |              |                   |  |  |
|   | S<br>mile   | Bore Hole Diameter: in. to   |             |                                     |                        | nd <u>Source</u> : Land Survey GPS Topographic D   |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| 7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   | $\Box \text{ Household} \qquad 5. \Box \text{ Fubic water supply. well ID}$   |  |             |                                     |                        |  |                |  | : well ID                 |              |                   |  |  |
|   |   |  |             | quifer Recharge: well ID            |                        |  |                |  | $\Box$ Uncased $\Box$     |              |                   |  |  |
| Livesto   | Livestock 8. Monitoring: well ID  |  |             |                                     |                        |  |                |  | othermal: how many bores? |              |                   |  |  |
| 2. 🗌 Irrigati   |   |  |             | al Remediation: well I              |                        |  |                |  | l Loop 🔲 Horizont         |              |                   |  |  |
| 3. 🗌 Feedlot  |   |  |             |                                     | Soil Vapor Extraction  |  |                | 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.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$  |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| □ 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  |             |                                     |                        |  | one (Open H    |  |                           |              |                   |  |  |
|   |   |  |             | n ft. to                            |                        |  |                |  |                           |              |                   |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. o ft. to ft. ft. to ft. to ft. to ft. ft. to ft. ft. to ft. ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              | •••••             |  |  |
|   |   | e contaminati  | No          | ft., From<br>potential source of co | . II. 10<br>ntaminatio | n with   | in 200 ft      | ••••   | 11. 10                    | It.          |                   |  |  |
| Septic '  |   |  | ateral Line |                                     | inturininturio         |  | ivestock Pe    | ens  | □ Insectio                | cide Storage |                   |  |  |
|   |   |  | Cess Pool   | Sewage L                            | agoon                  |  | uel Storage    |  |                           | oned Water   |                   |  |  |
|   | ight Sewer Lir  |  | leepage Pit |                                     |                        | $\Box$ F   | ertilizer Sto  | orage  | e 🗌 Oil We                | ell/Gas Well |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  | -                         |              |                   |  |  |
|   |   |  |             | Distance from w                     |                        |  |                |  |                           |              | CINTEDUALO        |  |  |
| 10 FROM   | TO  | L  | ITHOLOG     | GIU LUG                             | FRO                    | VI   | ТО             | LΠ   | THO. LOG (cont.) or       | PLUGGIN      | GINTERVALS        |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     | Notes                  | :  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged  |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| Kansas Wa   | under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
| under the business name of  |   |  |             |                                     |                        |  |                |  |                           |              |                   |  |  |
|   |   |  |             |                                     | 000 SW Jac             | kson St  | t., Suite 420, | , Tope   | eka, Kansas 66612-136     |              |                   |  |  |
| Visit us at h   | ttp://www.kdhe  | ks.gov/waterwell   | /index.html |                                     |                        |  |                |  |                           | KS           | SA 82a-1212       |  |  |