## KOLAR Document ID: 1533966

|  | WELL R   |   |                            | WWC-5   |                             |  | ion of Wate  |  |                      |              |                   |  |  |  |
|--|--|---|----------------------------|---|-----------------------------|--|--|--|----------------------|--------------|-------------------|--|--|--|
|  |  | Correction  |                            | ge in Well Use  |                             |  | rces App. N  | 1  |                      | Well ID      |                   |  |  |  |
| 1 LOCATION OF WATER WELL:  |  |   | Fraction                   | $\begin{array}{c c} \text{Fraction} & \text{Sec} \\ \hline 1/4 & 1/4 & 1/4 & 1/4 \end{array}$ |                             |  | ion Number Township Numb<br>T S  |  |                      | ige Number   |                   |  |  |  |
| County:     1/4     1/4       2 WELL OWNER: Last Name:     First:  |  |   |                            |   |                             | $\begin{array}{c c c c c c c c c c c c c c c c c c c $               |  |  |                      |              |                   |  |  |  |
| 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 IN <b>4 DEPTH OF COMPLETED WELL:</b>   |  |   |                            |   |                             |  | 5 Latit  | ude:   |                      |              | (decimal degrees) |  |  |  |
| WITH "X" IN<br>SECTION BOX: 4 DET IN OF COMIN LETTED WELL.<br>Depth(s) Groundwater Encountered: 1)   |  |   |                            |   |                             |  |  |  |                      |              | -                 |  |  |  |
|  | N BOA:<br>N                                      | 3) ft., or 4)   | 🗌 Dry We                   | ell   | Datum: WGS 84 NAD 83 NAD 27 |  |  |  |                      |              |                   |  |  |  |
|  |  | WELL'S ST   |                            |   |                             |  |  | 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 |  |  |                      | 0)           |                   |  |  |  |
| w  | X E  | after   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  | Well water was ft.  |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| SW   | SE   | after hours pumping   |                            |   |                             |  | 6 Elevation:ft. Ground Level TOC   |  |                      |              |                   |  |  |  |
|  |  | Estimated Yield:gpm   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  | S<br>nile  | Bore Hole L   | Bore Hole Diameter: in. to |   |                             |  | $\square Other \dots$  |  |                      |              |                   |  |  |  |
| 1 mile   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| 1. Domestic:       5. Dublic Water Supply: well ID       10. Oil Field Water Supply: lease   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| $\Box \text{ Household} \qquad \qquad$  |  |   |                            |   |                             |  |  |  | : well ID            |              |                   |  |  |  |
| Lawn & Garden 7.   |  |   | Aquifer R                  | echarge: well ID  |                             | Cased  |  |  | Uncased Geotechnical |              |                   |  |  |  |
|  | $\Box Livestock 		8. \Box Monitoring: well ID .$ |   |                            |   |                             |  |  |  | al: how many bores   |              |                   |  |  |  |
| 2. 🗌 Irrigati  |  |   |                            | al Remediation: well I  |                             |  |  |  |                      |              |                   |  |  |  |
| 3. □ Feedlot     □ Air Sparge       4. □ Industrial     □ Recovery   |  |   |                            | e Soil Vapor Extraction   |                             |  | b) Open Loop □ Surface Discharge □ Inj. of Water<br>13. □ Other (specify): |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| Water well disinfected?  Yes No <b>8 TYPE OF CASING USED:</b> Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| <b>8 TYPE OF CASING USED:</b> Steel PVC Other CASING JOINTS: Glued Clamped Welded Intreaded Casing diameter in. to ft., Diameter ft., Diameter ft., Diameter   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| Casing height above land surface in. Weight Ibs./ft. Wall thickness or gauge No.   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| 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)<br>□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            | Vire Wrapped $\Box$ S n ft. to  |                             |  |  |  |                      | ft to        | ft                |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. o ft.  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            | ft., From   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  | e contaminatio  | on: No                     | potential source of co  | ntaminatio                  | n withi  | in 200 ft.   |  |                      |              |                   |  |  |  |
| Septic '   |  |   | ateral Line                |   |                             |  | ivestock Pe  |  |                      | cide Storage |                   |  |  |  |
| Sewer ]  |  |   | Cess Pool                  | Sewage L  | agoon                       |  | uel Storage  |  |                      | oned Water   |                   |  |  |  |
|  | ight Sewer Lin                                   |   | eepage Pit                 |   |                             | $\Box$ F   | ertilizer Sto  | orage  |                      | ll/Gas Well  |                   |  |  |  |
| Direction from well? ft.   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| 10 FROM  | TO   |   | ITHOLO                     |   | FRO                         |  | TO   |  | HO. LOG (cont.) or   |              | G INTERVALS       |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   | Notes                       | :  |  |  |                      |              |                   |  |  |  |
|  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.   |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)  |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
| 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.<br>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. |  |   |                            |   |                             |  |  |  |                      |              |                   |  |  |  |
|  |  | ks.gov/waterwell  |                            |   | 200 0 17 540                |  | , Sano 720,  | , <b>-</b> opt   | , 1                  |              | SA 82a-1212       |  |  |  |