KOLAR Document ID: 1378318

| WATER WELL REC | | WWC-5 | | ision of Water urces App. No. | | Well ID | |
|---|---|------------------|---|--|---------------------|---------------------|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | Section Num | | Township Numb | | |
| County: | TR TTELL | 1/4 1/4 1/4 | 1/4 | tion i validor | 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 1 | nearest town or intersection): If at owner's address, check here: | | | | |
| Address: Address: | | | | | | | |
| City: | State: | ZIP: | | | | | |
| 3 LOCATE WELL | | - 1 | | | | | |
| WITH "X" IN 4 | TH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | |
| SECTION BOX: De | BOX: Depth(s) Groundwater Encountered: 1) | | | Longitude:(decimal degrees) | | | |
| N W | 2) ft. 3) ft., or 4) ☐ ☐ WELL'S STATIC WATER LEVEL: | | | Datum: WGS 84 NAD 83 NAD 27 | | | |
| | below land surface, measured on (mo-day-yr) | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | |
| \ | | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| 100 100 Pu | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | |
| W E | | | | | ☐ Online Mapper: | | |
| SW SE | Well water was ft. | | | | | | |
| | after hours pumping gpr Estimated Yield:gpm | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | |
| | Bore Hole Diameter: in. to | | | Source: | | | |
| mile | | | | | Other | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | |
| ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | |
| | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| ☐ Livestock 2. ☐ Irrigation | _ | | | 12. Geothermal: how many bores? | | | |
| 2. ☐ Irrigation 9. Environmental Remediation: Well ID . 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extended a control of the con | | | | 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 USE | | C Other | CASIN | IG JOINTS: [| Glued Clamped | l Welded Threaded | |
| Casing diameter in. to ft., Diameter ft., Diameter 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., From ft. to ft. | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Nearest source of possible contamination: ☐ 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? Distance from well? ft. | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO LI | THO. LOG (cont.) or | PLUGGING INTERVALS | |
| | | | | | | | |
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| | | | | | | <u> </u> | |
| | | | 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 | | | | | | | |
| 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 | | | | | | | |