KOLAR Document ID: 1416751

| WATER WELL E | _ | WWC-5 | | ivision of Water | | | | |
|--|---|--------------------------------------|---|---|---|-----------|-------------------|--|
| | | ge in Well Use | | sources App. No | | Well ID | | |
| 1 LOCATION OF W | VATER WELL: | Fraction | | ection Number | 1 | | ge Number | |
| County: | | 1/4 1/4 1/4 | | | | | \Box E \Box W | |
| 2 WELL OWNER: I | | | reet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: Address: | | | direction from | rom nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL | 4 DEDENI OF COL | ADI EWED IVELI | | c | _ | | | |
| WITH "X" IN | | MPLETED WELL: | | | 5 Latitude:(decimal degrees) | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) | | | Longitude: | | | |
| N | WELL'S STATIC WATER LEVEL: | | | | Datum: WGS 84 NAD 83 NAD 27 | | | |
| | | , measured on (mo-day- | | Source | Source for Latitude/Longitude: GPS (unit make/model:) | | | |
| NW NE | above land surface, measured on (mo-day-yr) | | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| IN W INE | Pump test data: Well v | | | ☐ Land Survey ☐ Topographic Map | | | | |
| $ \mathbf{w} $ | after hours pumping gpm | | | | Online Mapper: | | | |
| CW CE | Well water was ft. | | | | | | | |
| SW SE | | s pumping | gpm | 6 Florest | ion: ft | □ Cassand | Lavel D TOC | |
| | Estimated Yield: | | | | 6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map | | | |
| S 1 :1- | in. to | | Source: | Other | | | | |
| | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | |
| 1. Domestic: ☐ Household | 6. ☐ Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | |
| ☐ Lawn & Garden | 7. ☐ Aquifer Recharge: well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | |
| Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | |
| 2. ☐ Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor E | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 4. ☐ Industrial | ☐ Recovery | ☐ Injection | | 13. 🗌 Oth | er (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 PVC Other | | | | | | | | |
| Casing diameter in. to ft., Diameter ft., Diameter ft. | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| 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) | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 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) | | | | | | | | |
| | LITHOLO | | | | | | G DIEEDII A L C | |
| 10 FROM TO | LITHOLO | GIC LUG | FROM | 10 1 | LITHO. LOG (cont.) or | PLUGGING | JINTERVALS | |
| | | | | + | | | | |
| | | | 1 | + | | | | |
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| | | | Notes: | | | | | |
| | 110000 | | | | | | | |
| | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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. | | | | | | | | |
| | eks.gov/waterwell/index.html | raici, Geology Seelioli, 10 | JO D W JACKSC | n 5t., 5tht 420, 1 | орека, канзаз 00012-130 | | SA 82a-1212 | |