## KOLAR Document ID: 1541628

|   | WELL R   |  |                                | WWC-5                      |                 | vision of Wat   |   |                         |              |                   |  |
|---|--|--|--------------------------------|----------------------------|-----------------|---|---|-------------------------|--------------|-------------------|--|
|   |  | Correction   |                                | ge in Well Use             |                 | sources App.  |   |                         | Well ID      |                   |  |
|   |  |  |                                | Fraction                   | 1               |   |   | Township Numb           |              | ige Number        |  |
| County:         1/4         1/4         1/4           2         WELL OWNER: Last Name:         First:         5   |  |  |                                |                            |                 | 1 4 1 1   |   |                         |              |                   |  |
| 2 WELL<br>Business:   |  | ast Name:  |                                | First:                     |                 | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: |   |                         |              |                   |  |
| Address:  |  |  |                                |                            | direction from  | ection from hearest town of intersection). If at owner's address, check here.   |   |                         |              |                   |  |
| Address:  |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| City:   |  | 1  | State:                         | ZIP:                       |                 |   |   |                         |              |                   |  |
| <b>3 LOCATE WELL</b><br>WITH WY N <b>4 DEPTH OF COMPLETED WELL:</b>   |  |  |                                |                            |                 | t 5 Latif   | nde.  |                         |              | (decimal degrees) |  |
|   | WITH "X" IN<br>SECTION BOX:                        |  |                                |                            |                 |   | 5 Latitude:(decimal degrees)<br>Longitude:(decimal degrees) |                         |              |                   |  |
| SECIIC  |  |  | ft. 3) ft., or 4) 🗆 🛙          |                            |                 |   |   | WGS 84 🗌 NAI            |              | NAD 27            |  |
|   | · · · · · · · · · · · · · · · · · · ·              | WELL'S STATIC WATER LEVEL: f   |                                |                            |                 | Source  | Source for Latitude/Longitude:                              |                         |              |                   |  |
|   |  | <ul> <li>□ below land surface, measured on (mo-day-yr)</li> <li>□ above land surface, measured on (mo-day-yr)</li> </ul> |                                |                            |                 |   |   | unit make/model:        |              |                   |  |
| NW  |  | Pump test d  |                                |                            |                 | (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map   |   |                         |              |                   |  |
| w   | X  |  | hours                          |                            |                 |   |   |                         |              |                   |  |
|   |  |  | Well v                         |                            |                 | Online Mapper:  |   |                         |              |                   |  |
| SW  | SE   | after hours pumping gpm  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  | Estimated Yield:gpm  |                                |                            |                 | 6 Elevation:ft. Ground Level TOC  |   |                         |              |                   |  |
|   | S  | Bore Hole Diameter: in. to   |                                |                            |                 | Source: Land Survey GPS Topographic Map   |   |                         |              |                   |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| 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> |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  |  | 6. Dewatering: how many wells? |                            |                 |   | 11. Test Hole: well ID                                      |                         |              |                   |  |
|   |  |  | 7. Aquifer Recharge: well ID   |                            |                 |   |   | $\Box$ Uncased $\Box$ ( |              |                   |  |
| Livesto   | Livestock 8. Monitoring: well ID                   |  |                                |                            |                 |   |   |                         |              |                   |  |
|   | . Irrigation 9. Environmental Remediation: well ID |  |                                |                            |                 |   | a) Closed Loop Horizontal Vertical                          |                         |              |                   |  |
| 3. Feedlot Air Sparge   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| 4. Industrial Recovery Injection 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  |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots$  |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| □ Brass □ Galvanized Steel □ None used (open hole)  |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| $\Box$ Continuous Slot $\Box$ Mill Slot $\Box$ Gauze Wrapped $\Box$ Torch Cut $\Box$ Drilled Holes $\Box$ Other (Specify)   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)<br>SCREEN-PERFORATED INTERVALS: From   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| <b>9 GROUT MATERIAL:</b> Neat cement Cement grout Bentonite Other   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| Grout Intervals: From   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  | e contaminati  | on: No                         | potential source of con    | tamination w    | ithin 200 ft.   |   |                         |              |                   |  |
| □ Septic  |  |  | Lateral Line                   |                            |                 | Livestock P   |   |                         | cide Storage |                   |  |
| Sewer   |  |  | Cess Pool                      | Sewage La                  |                 | Fuel Storage  |   |                         | oned Water   |                   |  |
|   | ight Sewer Lir                                     |  |                                | ☐ Feedyard                 |                 | Fertilizer St   | orage   |                         | ll/Gas Well  |                   |  |
| Direction from well? ft.  |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| 10 FROM   | TO   |  | ITHOLO                         |                            | FROM            | ТО  |   | HO. LOG (cont.) or      |              | G INTERVALS       |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   | ├  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   | <u>├</u>   |  |                                |                            | Notes:          |   | I   |                         |              |                   |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
|   |  |  |                                |                            |                 |   |   |                         |              |                   |  |
| 11 CONT   | RACTOR'S   | OR LANDO   | OWNER'S                        | S CERTIFICATION            | N: This wat     | er well was   |   | onstructed, 🗌 reco      | onstructed,  | or 🗌 plugged      |  |
| under my j  | urisdiction ar                                     | nd was compl   | leted on (n                    | no-day-year)               | and             | this record   | is tru  | te to the best of m     | y knowled    | ge and belief.    |  |
|   |  |  |                                | This Wa                    |                 |   |   |                         |              |                   |  |
|   | usiness name                                       | Send one copy to   | WATER W                        | /ELL OWNER and retain      | one for your re | cords. Fee of \$  | 5.00 f  | or each constructed we  | <br>11.      | <u></u>           |  |
| -   | nent of Health a                                   | nd Environment   | , Bureau of V                  | Water, Geology Section, 10 |                 |   |   |                         | 7. Telephon  |                   |  |
| Visit us at h   | ttp://www.kdhe                                     | ks.gov/waterwel  | l/index.html                   |                            |                 |   |   |                         | KS           | SA 82a-1212       |  |