KOLAR Document ID: 1512418

| | WELL R | ECORD Correction | | WWC-5 e in Well Use | | | ivision of Wat sources App. | | |] Well ID | | |
|--|---|--|------------------|---------------------|---|--------------|---|---|-----------------------|---|---------------------------------|--|
| | | | | Fraction | | | ection Numb | | Township Numb | | nge Number | |
| County: | | | 1/4 1/4 | 1/4 | | | | | R | □ E □ W | | |
| · | | | | | | Street or R | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | Business: di | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | | |
| | City: State: ZIP: | | | | | | | | | | | |
| 3 LOCAT | E WELL | | | | | | _ | | | | | |
| | TH "X", IN 4 DEPTH OF COMPLETED WELL | | | | | | | | | | | |
| SECTIO | TION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | — | | | | | |
| N | 2) ft. 3) ft., or 4) \(\begin{align*} WELL'S STATIC WATER LEVEL: | | | | | | | | | | | |
| | | w land surface, measured on (mo-day-yr | | | | | | <u>Latitude/Longitude</u> (unit make/model: | | , | | |
| NW | NF | above land surface, measured on (mo-day-yr | | | | | | | WAAS enabled? | | | |
| | i l | Pump test data: Well water was ft. | | | | t. | I | ☐ Land Survey ☐ Topographic Map | | | , | |
| w X | E | after hours pumpinggr | | | | | | ☐ Online Mapper: | | | | |
| SW | SE | Well water was ft. | | | | | | | | | | |
| | ī | after hours pumping gp Estimated Yield:gpm | | | | gpm | 6 Elev | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | d Level ☐ TOC | |
| | S | Bore Hole Diameter: in. to | | | | ft and | | Source: | | | | |
| 1 n | | Bore Hore I | in. to | | | | | | | | | |
| 7 WELL V | WATER TO | BE USED A | | | | | | | | | - | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | |
| ☐ Housel | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | . 11. Test | 11. Test Hole: well ID | | | | |
| = | | | | | ge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| _ | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | 12. Geothermal: how many bores? | | | | |
| 2. Irrigati | | | | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery | | | | | ☐ Soil Vapor Extraction☐ 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 diameter | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| | | ☐ Mill Slot ☐ Key Puncl | | auze Wrapped | | | Drilled Holes None (Open 1 | | Other (Specify) | • | ••••• | |
| _ | | | | | | | | | ft., From | ft t | o ft | |
| | | | | | | | | | ft., From | | | |
| 9 GROUT | MATERIA | L: Neat of | rement | Cement grout | ПВе | entonite | Other | | | | <u></u> | |
| | | | | | | | | | ft. to | | | |
| | rce of possible | e contaminati | on: No | potential source | e of con | tamination v | vithin 200 ft. | | | | | |
| ☐ Septic ' | | | Lateral Line | | | | Livestock P | | | cide Storag | | |
| ☐ Sewer I | | | Cess Pool | | | | Fuel Storage | | | oned Water | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) □ Other (Specify) | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLOG | | 110111 11 | FROM | ТО | | THO. LOG (cont.) or | | NG INTERVALS | |
| | | | | | | | | | , , , | | | |
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| | | | | | | Notes: | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTORIS OR LANDOWNIERIS CERTIFICATION. This was all to the state of the sta | | | | | | | | | | | | |
| 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 Wa | ter Well Con | tractor's Lice | ense No. | T | his W | ater Well R | ecord was co | ns u mnle | eted on (mo-day-y | ear) | igo and ocher. | |
| under the b | usiness name | of | <u></u> | | <u></u> | <u></u> | ······································ | | | | | |
| 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. | | | | | | | | | | | | |
| _ | nent of Health ar ttp://www.kdhek | | | vater, Geology Se | ction, 10 | JUU SW Jacks | on St., Suite 420 | , Top | ека, Kansas 66612-136 | | ne 785-296-3565. SA 82a-1212 | |
| vion us at II | L.p.// w w w.Kuilel | w.gov/ water wer | II III CA.IIIIII | | | | | | | 17 | 02u 1212 | |