KOLAR Document ID: 1526299

| WATER WELL I | RECORD Correction | | WWC-5 ge in Well Use | | vision of Wate ources App. I | | | Well ID | | |
|---|--|--|--------------------------------|----------------------------------|---|----------------|-------------------------|-------------|----------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | Section Number | | | | | ge Number | |
| County: | | | 1/4 1/4 1/4 | | 1/4 T S R C | | | | | |
| | | | | | Street or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL WITH "X" IN | f | ft. 5 Latitude :(decimal degrees) | | | | | | | | |
| SECTION BOX: | Depth(s) Gr | | | Longitude:(decimal degrees) | | | | | | |
| Ν | 2) WELL'S S | | Dry Well | | | | | | | |
| | | | | | Source for Latitude/Longitude: | | | | | |
| NW NE | | | -yr) | | (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | Pump test d | | | | □ Land Survey □ Topographic Map | | | | | |
| W X E | anci | after hours pumping gpm Well water was ft. | | | | Online Mapper: | | | | |
| SW SE | | hours | . gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| S | Estimated Y Bore Hole I | | ft and | | Source: Land Survey GPS Topographic Map | | | | | |
| 1 mile | Dore Hole I | Bore Hole Diameter: in. to ft. a in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | |
| 1. Domestic: | | | | | | | | | | |
| Lawn & Garden | | | | | \Box Cased \Box Uncased \Box Geotechnical | | | | | |
| | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | | 9. Environmental Remediation: well ID Air Sparge Soil Vapor Extra | | | | a) Closed Loop | | | | |
| 4. Industrial | | | | | | | 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 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: | | | | | | | | | | |
| Steel Steinless 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) | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| 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 | | | | | | | | | | |
| Septic Tank | | Lateral Line | es 🗌 Pit Privy | | Livestock Pe | | ☐ Insectic | ide 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 w | vell? | | | | | | |
| 10 FROM TO | I | ITHOLO | GIC LOG | FROM | TO | LIT | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Notes: | 1 | 1 | | | | |
| | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged | | | | | | | | | | |
| under my jurisdiction a | and was comp | leted on (n | no-day-year) | and | this record | is tru | e to the best of my | y knowled | ge and belief. | |
| 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 t | o WATER W | ELL OWNER and retain | one for your rec | ords. Fee of \$ | 5.00 fc | or each constructed wel | 11. | | |
| | 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 | | | | | | | | | |