KOLAR Document ID: 1512692

| | WELL R | ECORD Correction | | WWC-5 e in Well Use | | | ivision of Wat sources App. 1 | | | Well ID | | |
|--|---|--|------------------|---------------------|------------------------------------|-----------------|---|--------------------------------------|--|---|----------------------------------|--|
| | | | | Fraction | | | ection Numb | | Township Numb | | ange 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 LOCATE WELL | | | | | | _ | | | | | |
| | TH "X", IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | |
| SECTIO | Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| N | 2) ft. 3) ft., or 4) \(\subseteq WELL'S STATIC WATER LEVEL: | | | | | | | | | | NAD 27 | |
| | | below land surface, measured on (mo-day-yr | | | | | | | Latitude/Longitude | | , | |
| NW | NF | above land surface, measured on (mo-day-yr | | | | | | ☐ GPS (unit make/model: | | | | |
| ```` J | | Pump test data: Well water was ft. | | | | t. | | ☐ 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 Eleva | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | S | Bore Hole Diameter: in. to | | | | ft and | | Source: Land Survey GPS Topographic | | | | |
| 1 n | - | Bore Hore I | in. to | | | | Other | | | | | |
| 7 WELL V | WATER TO | BE USED A | | | | | | | | | - | |
| 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | | | ease | | |
| ☐ Housel | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | 11. Test Hole: well ID | | | | | |
| = | | | | | e: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| _ | ☐ Livestock 8. ☐ Monitoring: well ID ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | | | nal: how many bores | | | |
| 2. Irrigati | | | | | | | | | l Loop 🔲 Horizont Loop 🔲 Surface Di | | | |
| 3. ☐ Feedlot ☐ Air Sparge 4. ☐ Industrial ☐ Recovery | | | | | Soil Vapor Extraction Injection 13 | | | | | | | |
| | | | | | | | | | | | | |
| 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 I | | Other (Specify) | • | | |
| _ | | | | | | | | | ft., From | ft t | ro ft | |
| | | | | | | | | | ft., From | | | |
| 9 GROUT | MATERIA | L: Neat of | rement | Cement grout | | entonite \Box | Other | | | | <u> </u> | |
| | | | | | | | | | ft. to | | | |
| | rce of possible | e contaminati | on: No | potential source | of con | tamination v | vithin 200 ft. | | | | | |
| ☐ Septic ' | | | Lateral Line | | | | Livestock P | | ☐ Insection | | | |
| ☐ Sewer I | | | Cess Pool | | | | Fuel Storage | | Abando | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| 10 FROM | ТО | | ITHOLOG | | | FROM | ТО | | THO. LOG (cont.) or | | NG INTERVALS | |
| _ | | | | | | | | | (1.2.17) | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | - | | |
| | | | | | - | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | 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 | Kansas Water Well Contractor's License No | | | | | | | | | | | |
| 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 Sec | ction, 10 | JUU SW Jackso | on St., Suite 420 | , rope | eka, Kansas 66612-136 | | ne 785-296-3565. KSA 82a-1212 | |
| vion us at II | L.p.// w w w.Kuilel | water wet | II III CA.IIIIII | | | | | | | 13 | 02u 1212 | |