KOLAR Document ID: 1405014

| | | | | WWC-5 | | ision of Wat | | | Well ID | | |
|---|---|------------------|--|-------------------------|--|--|--|--------------------------------------|-------------|-------------------|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | | Resources App. No. Section Number Town | | | Township Numbe | | ge Number | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | $\begin{array}{c c} T & S & R & \Box E \Box W \end{array}$ | | | | | |
| | OWNER: 1 | ast Name: | | | ¹ /4 Street or Ru | eet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | |
| 3 LOCAT | E WELL | | | • | | | | | | | |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL | | | | | | | 5 Latitude:(decimal degrees) | | | | |
| SECTIO | SECTION BOX: Depth(s) Groundwater Encountered: 1) N 2 ft. 3) ft., or 4) | | | | | Long | gitude: | | | (decimal degrees) | |
| N | 1 | | | TER LEVEL: \dots | | | | VGS 84 🔲 NAE | | AD 27 | |
| | | | below land surface, measured on (mo-day-yr) | | | | | atitude/Longitude: it make/model: | |) | |
| X ' | NE | | yr) | | (WAAS enabled? \Box Yes \Box No) | | | | | | |
| | | - | Pump test data: Well water was ft. | | | | Land Survey Topographic Map | | | | |
| w | E | after | hours | | | Online N | Mapper: | | | | |
| SW | SE | after | Well v | | | | | | | | |
| | | | after hours pumping gpm Estimated Yield:gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | S | Bore Hole D | | . ft. and | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 n | | | | ft. | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| | 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | |
| Housel | | | | | 11. Test Hole: well ID ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | | |
| | □ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Livestock 8. □ Monitoring: well ID | | | | | | | | | | |
| 2. 🗌 Irrigati | | | | al Remediation: well ID | | | 12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical | | | | |
| | 3. \Box Feedlot \Box Air Sparge \Box Soil Vapor Ex | | | | | b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water | | | | | |
| 4. 🗌 Industr | rial | | Recovery | ☐ Injection | | 13. 🗌 Other (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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. to ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From | | | | | | | | | | | |
| | | le contaminati | | | | 10, 11011 | 1 | | 11. | | |
| Septic ' | | | Lateral Line | es 🗌 Pit Privy | | Livestock Po | ens | ☐ Insectic | ide Storage | | |
| Sewer 1 | | | Cess Pool | 🔲 Sewage Lag | | Fuel Storage | | 🗌 Abando | | Well | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | | |
| Other (Specify) Direction from well? | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | O. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | | | | | | | | | | | |
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| | | | | | Notor | | | | | | |
| | | | | | Notes: | | | | | | |
| | | | | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | | | | | |
| Kansas Wa | ter Well Co | ntractor's Lice | ense No | This Wa | ter Well Rec | cord was co | mplete | d on (mo-day-ye | ear) | | |
| under the b | usiness nam | Send one conv to | WATER W | ELL OWNER and retain o | ne for your reco | ords Fee of \$ | 5.00 for | each constructed we | | ····· | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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. | | | | | | | | | | | |
| Visit us at h | Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |