KOLAR Document ID: 1518621

| | WELL R | ECORD Correction | | WWC-5 e in Well Use | | | ivision of Wate sources App. N | | | Well II | | |
|---|--|--|--------------|------------------------|-----------|---------------------------------|---|--|---------------------|---|--------------|--|
| | | | | Fraction | | | ection Number | | Township Numb | | ange Number | |
| County: | | | 1/4 1/4 | 1/4 | | 1 | | | R | □ E □ W | | |
| · | | | | | | Street or R | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| | | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | Address: | | | | | | | | , | | <i>_</i> | |
| Address: | | | | | | | | | | | | |
| City: | E WELL | I | State: | ZIP: | | | <u> </u> | | | | | |
| 3 LOCAT | 4 DEPTH OF COMPLETED WELL: | | | | | | ft. 5 Latitude:(decimal degrees) | | | | | |
| | Depth(s) Groundwater Encountered: 1) | | | | ft. | ft. Longitude:(decimal degrees) | | | | | | |
| | N 2) ft. 3) ft., or 4) □ | | | | | | | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | Sourc | e for | Latitude/Longitude | ; | | |
| ' | ' | below land surface, measured on (mo-day-yr | | | | | | | (unit make/model: | | | |
| NW | NE | ☐ above land surface, measured on (mo-day-yr Pump test data: Well water was ft. | | | | | | (WAAS enabled? ☐ Yes ☐ No) | | | | |
| X. | | after hours pumpinggr | | | | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | |
| W | Е | Well water was ft. | | | | | | ☐ Опппе маррег | | | | |
| SW | SE | after hours pumping gp | | | | | | | | | | |
| LxL | | Estimated Yield:gpm | | | | Ci | | 6 Elevation:ft. Ground Level T | | | | |
| | S | Bore Hole Diameter: in. to | | | | ft. and | Source: | | | | | |
| 1 r | | | in. to | ft. | | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | 1. Domestic: 5. Public Water Supply: well ID | | | | | | | 10. Oil Field Water Supply: lease | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells | | | | | | | 11. Test Hole: well ID Cased Uncased Geotechnical | | | | |
| = | | | | | : well ID | | | | | | | |
| 2. ☐ Irrigati | ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | | 12. Geothermal: how many bores? | | | | |
| 3. ☐ Feedlo | | |] Air Sparge | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. ☐ Industr | ☐ Injection | _ | | 13. Other (specify): | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| _ | nuous Slot | ☐ Mill Slot | | | | | Drilled Holes | | Other (Specify) | • | ••••• | |
| _ | | ☐ Key Puncl | | | | | None (Open F | | | £. | to ft | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | | |
| | | | | | | | | | ft. to | | ••••• | |
| | rce of possible | | on: No | potential source of | of con | tamination w | ithin 200 ft. | | | | | |
| ☐ Septic | | | Lateral Line | | | | Livestock Pe | ens | ☐ Insection | cide Stora | ge | |
| ☐ Sewer | | | Cess Pool | ☐ Sewa | | goon | Fuel Storage | ; | ☐ Abando | oned Wate | r Well | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | | |
| ☐ Other (Specify) | | | | | | | | | | | | |
| | | | | | | | | NG DITEDUAL C | | | | |
| 10 FROM | TO | 1 | ITHOLOG | FIC LOG | | FROM | TO | LH | THO. LOG (cont.) or | PLUGGI | NG INTERVALS | |
| | | | | | | | | | | | | |
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| | | | | | | Notes: | 1 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 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 Water Well Contractor's License No | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| - | ttp://www.kdhel | | | J. | | | | • | | | KSA 82a-1212 | |