KOLAR Document ID: 1572052

| WATER WELL RECORD Form WWC-5 | | | | | | W 11 ID | | |
|--|---|--------------------------------------|--|---|--|--------------|-------------|--|
| | | ge in Well Use | | sources App. N | | Well ID | N. 1 | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Number | | | nge Number | |
| County: | | 1/4 1/4 1/4 | 1/4 | 1 4 1 1 | T S | R | □ E □ W | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Business: Address: | | | direction fron | n nearest town or | intersection): If at owne | r's address, | check here: | |
| Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL | 4 DEPTH OF COL | ADI EWED IVELI | | S | _ | | | |
| WITH "X" IN | | 4 DEPTH OF COMPLETED WELL: | | | , | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) | | | Longitude:(decimal degrees) | | | |
| N | 2) ft. 3) ft., or 4) \(\subseteq \text{Dry We} \) WELL'S STATIC WATER LEVEL: ft. | | | Datum: WGS 84 NAD 83 NAD 27 | | | | |
| | □ below land surface, measured on (mo-day-yr) | | | | for Latitude/Longitude PS (unit make/model: | | , | |
| | | | | | * | | , | |
| NW NE | Pump test data: Well water was ft. | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | |
| $ \mathbf{w} $ | after hours pumping gpm | | | Online Mapper: | | | | |
| | Well water was ft. | | | | | | | |
| SW SE | after hours pumping gpm | | | 6 Florestion: | | | | |
| | Estimated Yield: | | | 6 Elevation:ft. Ground Level TOC | | | | |
| S | Bore Hole Diameter: in. to ft. | | | Source | Source: | | | |
| 1 mile in. to ft. Other | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. ☐ Public Water Supply: well ID | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | | | | |
| Household | 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | |
| ☐ Lawn & Garden ☐ Livestock | — 1 & | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | | |
| 2. ☐ Irrigation | | | a) Closed Loop Horizontal Vertical | | | | | |
| 3. ☐ Feedlot | 9. Environmental Remediation: well ID | | | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. ☐ Industrial | ☐ Recovery | | ZATICTION | | | | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| Steel | | | | | | | | |
| ☐ 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 ft. to ft., From ft., From ft., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other. | | | | | | | | |
| Grout Intervals: From | | | | | | | | |
| | | | | | | | | |
| Nearest source of possible contamination: No potential source of contamination within 200 ft. ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide 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? ft. | | | | | | | | |
| | | | | | | | CIMPERALL | |
| 10 FROM TO | LITHOLOG | GIC LUG | FROM | ТО | LITHO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | 1 | | - | | | | | |
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| | | | N.T. (| | | | | |
| | | Notes: | | | | | | |
| | | | | | | | | |
| 11. CONTENT CHOOM ON I AND ON MEDIC CERTIFICATIVON. THE STATE OF THE S | | | | | | | | |
| 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) | | | | | | | | |
| 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. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |