KOLAR Document ID: 1599179

| | WELL R | | | WWC-5 | | vision of Wat | | | | | | |
|--|--|----------------|----------------------------|--------------------------------|--------------|--|--|--------------------------|--------------|----------------|--|--|
| | | Correction | | e in Well Use | | ources App.] | - | | Well ID | | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | tion Number Township Number Range Number | | | | 0 | | |
| County: 1/4 1/4 1/4 | | | | | | | | | | | | |
| | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| Business: | din Address: | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| 3 LOCAT | E WELL | | | | | | _ | | | | | |
| 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | | |
| SECTIC | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| 1 | N 2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL: | | | | | | | | | | | |
| | | | | n. yr) | | | Latitude/Longitude unit make/model: | | ` | | | |
| NW | NE | | | yr) | | | WAAS enabled? | | | | | |
| 19 W | NE | Pump test d | | | | | Survey | | 10) | | | |
| w | E | | hours | | | | e Mapper: | | | | | |
| CW | CE I | | Well v | | | | | | | | | |
| Sw | | | | after hours pumping gpr | | | 6 Elevation: ft Cround Loval TOC | | | | | |
| | Į | | Estimated Yield:gpm | | | | 6 Elevation :ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map | | | | | |
| 1. | S | Bore Hole I | Bore Hole Diameter: in. to | | | Source | | | | | | |
| | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | | |
| 1. Domestic | I. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | | |
| | □ Lawn & Garden | | | | | | | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | al: how many bores | | | | |
| 2. 🗌 Irrigati | | | | | | | | Loop Horizont | | | | |
| 3. \Box Feedlo | E | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | | |
| | 4. Industrial Recovery Injection | | | | | | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? Ves No | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| □ Steel □ Stainless 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 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| | | | | | | | 1 | ft. to | ft. | | | |
| | | e contaminati | | potential source of cont | | | | — I | : J. C | | | |
| ☐ Septic ☐ Sewer | | | Lateral Line Cess Pool | es 🗌 Pit Privy 🗌 Sewage Lag | | Livestock Po Fuel Storage | | | cide Storage | | | |
| | ight Sewer Lir | | Seepage Pit | | | Fuel Storage Fertilizer St | | | ll/Gas Well | | | |
| | | | | | | i erunzei St | Jiage | | n Gas Well | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | ТО | | ITHOLO | | FROM | ТО | | HO. LOG (cont.) or | | G INTERVALS | | |
| | | | | - | | - | | | | | | |
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| | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONT | RACTOR'S | OR LANDO | OWNER'S | S CERTIFICATION | : This wate | r well was | | onstructed, 🗌 reco | onstructed, | or 🗌 plugged | | |
| under my j | urisdiction ar | nd was compl | leted on (n | no-day-year) | and | this record | is tru | e to the best of m | y knowled | ge and belief. | | |
| Kansas Wa | ter Well Cor | tractor's Lice | ense No | This Wa | ter Well Red | cord was co | mple | ted on (mo-day-ye | ear) | | | |
| under the b | usiness name | e of | WATED I | ELL OWNED and rate of | | anda E- CA | 5 00 0 | on ooolo c====t===_t = 1 | | <u></u> | | |
| KS Departr | 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. | | | | | | | | | | | |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone /85-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | | |