## KOLAR Document ID: 1565320

|   | WELL R   | <b>ECORD</b><br>Correction |                 | <b>WWC-5</b><br>ge in Well Use                                |   | vision of Wat  |   |                        | Well ID     |                |  |
|---|--|----------------------------|-----------------|---|---|--|---|------------------------|-------------|----------------|--|
|   |  | ATER WEL                   | -               | Fraction  |   | ction Numb   |   | Township Numb          |             | ige Number     |  |
| County: <sup>1/4</sup>  |  |                            |                 |   |   | · · ·  |   |                        |             | □E □W          |  |
| Business: di<br>Address:<br>Address:  |  |                            |                 |   |   | 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: |   |                        |             |                |  |
| City:   |  |                            | State:          | ZIP:  |   |  |   |                        |             |                |  |
| <b>3</b> LOCATE WELL<br>WITH "X" IN<br><b>4</b> DEPTH OF COMPLETED WELL:  |  |                            |                 |   |   |  |   |                        |             |                |  |
|   | ON BOX:  |                            |                 | Encountered: 1)<br>3) ft., or 4) [                            |   |  |   |                        |             |                |  |
| 1   | Ν  | WELL'S ST                  |                 | Datum: WGS 84 NAD 83 NAD 27<br>Source for Latitude/Longitude: |   |  |   |                        |             |                |  |
|   |  |                            |                 | -yr)  |   | GPS (unit make/model:)   |   |                        |             |                |  |
| NW  | NE   |                            |                 | -yr)  |   | (WAAS enabled? ☐ Yes ☐ No)   |   |                        |             |                |  |
|   |  | Pump test d                |                 |   | $\Box$ Land Survey $\Box$ Topographic Map   |  |   |                        |             |                |  |
| W   | E  | alter                      | hours<br>Well v |   |   | Online Mapper:   |   |                        |             |                |  |
| $ X^{SW}-  - SE -  $ after hours pur  |  |                            |                 | s pumping   |   |  |   |                        |             |                |  |
|   |  | Estimated Y                |                 | 6 1   | 6 Elevation:ft. □ Ground Level □ TOC<br><u>Source</u> : □ Land Survey □ GPS □ Topographic Map |  |   |                        |             |                |  |
|   | S<br>nile  | Bore Hole I                |                 |   |   |  |   |                        |             |                |  |
| 1 mile         in. to ft.         Uther           7 WELL WATER TO BE USED AS:   |  |                            |                 |   |   |  |   |                        |             |                |  |
| 1. Domestic   |  | 5. 🗆                       | Public Wa       | ater Supply: well ID  |   |  |   |                        |             |                |  |
|   |  |                            |                 | ig: how many wells?   |   | 11. Test Hole: well ID   |   |                        |             |                |  |
|   |  |                            |                 | echarge: well ID  |   |  | $\Box$ Uncased $\Box$ C   |                        |             |                |  |
|   | □ Livestock       8. □ Monitoring: well ID         □ Irrigation       9. Environmental Remediation: well ID  |                            |                 |   |   |  | 12. Geothermal: how many bores?<br>a) Closed Loop ☐ Horizontal ☐ Vertical |                        |             |                |  |
| 3. ☐ Feedlot  |  |                            |                 |   | Extraction  | traction b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water  |   |                        |             | Inj. of Water  |  |
| 4. 🗌 Industr  |  |                            | Recovery        | Ũ   |   |  |   | (specify):             |             |                |  |
| Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ 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 in. to ft., Diameter in. to ft., Diameter ft., Diameter ft., Diameter   |  |                            |                 |   |   |  |   |                        |             |                |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.  |  |                            |                 |   |   |  |   |                        |             |                |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |  |                            |                 |   |   |  |   |                        |             |                |  |
| Steel       PVC       Other (Specify)         Brass       Galvanized Steel       None used (open hole)  |  |                            |                 |   |   |  |   |                        |             |                |  |
| Brass       Galvanized Steel       None used (open hole)         SCREEN OR PERFORATION OPENINGS ARE:       Image: Comparison of the sector of |  |                            |                 |   |   |  |   |                        |             |                |  |
| □ 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. 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  |  |                            |                 |   |   |  |   |                        |             |                |  |
| Nearest sou   | rce of possib  | le contaminati             | on: No          | potential source of cor                                       | ntamination w   | ithin 200 ft.  |   |                        |             |                |  |
|   |  |                            | Lateral Line    |   |   | Livestock P  |   |                        | ide 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)   |  |                            |                 |   |   |  |   |                        |             |                |  |
|   |  |                            |                 | Distance from w   |   |  |   |                        |             |                |  |
| 10 FROM   | TO   | I                          | ITHOLO          | GIC LOG   | FROM  | ТО   | LIT   | HO. LOG (cont.) or     | PLUGGIN     | G INTERVALS    |  |
|   | <u> </u>   |                            |                 |   |   |  |   |                        |             |                |  |
|   |  |                            |                 |   |   | 1  |   |                        |             |                |  |
|   |  |                            |                 |   |   |  |   |                        |             |                |  |
|   | ļŢ   |                            |                 |   |   | <u> </u>   |   |                        |             |                |  |
|   |  |                            |                 |   | 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   |  |                            |                 |   |   |  |   |                        |             |                |  |
| under my j  | urisdiction a  | nd was compl               | eted on (n      | no-day-year)  | ater Well De  | this record  | 18 tru  | te to the best of my   | y knowled   | ge and belief. |  |
| under the b   | usiness nam  | e of                       |                 | This wa   | w cli Ke  |  | ····  |                        |             |                |  |
|   |  | Send one copy to           | ) WATER W       | ELL OWNER and retain  | one for your re-  | cords. Fee of \$   | \$5.00 f  | or each constructed we | 11.         |                |  |
| 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.<br>Visit us at http://www.kdbeks.gov/waterwell/index.html KSA 82a-1212  |  |                            |                 |   |   |  |   |                        |             |                |  |