## KOLAR Document ID: 1523160

|  | WELL R  |  |                         | WWC-5   |  |                |  | of Wate  |        |                                       |              |                |  |
|--|---|--|-------------------------|---|--|----------------|--|--|--------|---------------------------------------|--------------|----------------|--|
|  |   | Correction   |                         | e in Well Use   |  |                |  | S App. N   |        | T 1: N 1                              | Well ID      | NT 1           |  |
|  |   |  |                         | Fraction  | 17   |                | ction  | Numbe  | er     | Township Numb                         |              | nge Number     |  |
| County:   1/4   1/4   1/4     2   WELL OWNER: Last Name:   First:   S  |   |  |                         |   |  |                |  | $\frac{T  S  R  \Box  E  \Box  W}{\text{ral Address where well is located (if unknown, distance and}}$ |        |                                       |              |                |  |
| Z WELL<br>Business:  |   | rection from nearest town or intersection): If at owner's address, check here: |                         |   |  |                |  |  |        |                                       |              |                |  |
| Address:   |   |  |                         | direction non   | whom nonn nearest town of intersection). If at owner is address, eneck here. |                |  |  |        |                                       |              |                |  |
| Address:   |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
| City:  |   | T  | State:                  | ZIP:  |  |                |  |  |        |                                       |              |                |  |
| 3 LOCAT  | f   | t. 5   | Latitı                  | ıde <sup>.</sup>  |  |                | (decimal degrees)  |  |        |                                       |              |                |  |
| WITH "X" IN<br>SECTION BOX:  |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  | N 2) ft. 3) ft., or 4) $\Box$   |  |                         |   |  |                | Dry Well Datum: WGS 84 NAD 83 NAD 27                               |  |        |                                       |              |                |  |
| WELL'S STATIC WATER LEVEL:   |   |  |                         |   |  |                |  | Source for Latitude/Longitude:   |        |                                       |              |                |  |
|  |   |  | ·yr)<br>·yr)            |   |  |                |  |  |        |                                       |              |                |  |
| NW   | NE  | Pump test da   |                         | ······· (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map |  |                |  | NO)  |        |                                       |              |                |  |
| w X  | Е   | after  |                         | Online Mapper:  |  |                |  |  |        |                                       |              |                |  |
|  |   |  | t.                      |   |  |                |  |  |        |                                       |              |                |  |
| SW   | SE  |  | after hours pumping gp  |   |  |                | 6 Flowetice.   |  |        |                                       |              |                |  |
|  |   | Estimated Yield:gpm  |                         |   |  | <b>c</b> 1     | 6 Elevation:ft. □ Ground Lev   Source: □ Land Survey □ GPS □ Topog |  |        |                                       |              |                |  |
|  | S<br>nile   | Bore Hole Diameter: in. to   |                         |   |  |                | $\square Other \dots$  |  |        |                                       |              |                |  |
| Image: |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
| 1. Domestic:   |   |  |                         | ter Supply: well ID   |  |                | 10   | 0. 🗆 Oi  | ] Fie  | ld Water Supply le                    | ase          |                |  |
| House  |   |  |                         | Dewatering: how many wells?   |  |                |  |  |        | Field Water Supply: leaseole: well ID |              |                |  |
| Lawn & Garden 7.   |   |  |                         |   |  |                |  | d 🗌 Uncased 🔲 Geotechnical   |        |                                       |              |                |  |
|  | Livestock 8. Monitoring: well ID  |  |                         |   |  |                |  | 12. Geothermal: how many bores?  |        |                                       |              |                |  |
| 2. 🗌 Irrigati  |   |  | vironment<br>Air Sparge | al Remediation: we  |  |                |  |  |        | Loop Horizont                         |              |                |  |
| 3. 🗌 Feedlo  |   | Vapor Extraction   |                         |   | 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:   |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         |   |  | CAG            |  |  |        |                                       |              |                |  |
| 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.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No  |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   | PERFORAT   |                         |   |  | 1000/10        |  |  |        | or gauge rior min                     |              |                |  |
| ☐ Steel  |   | less Steel   |                         |   | С  |                |  | 🗌 Oth  | ner (S | Specify)                              |              |                |  |
| Brass Galvanized Steel None used (open hole)   |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   | ATION OPE  |                         |   | _  |                |  |  |        |                                       |              |                |  |
|  | nuous Slot  | Mill Slot  |                         | * *   |  |                |  |  |        | Other (Specify)                       |              |                |  |
|  |   | Key Punch  |                         | $\square$ in the wrapped $\square$                                    |  |                |  | Open H   |        |                                       | ft to        | ft             |  |
|  |   |  |                         | n ft. to  |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         | Cement grout $\Box$   |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         | ft., From   |  |                |  |  |        |                                       |              |                |  |
|  |   | e contaminati  | on: No                  | potential source of   | con  | tamination w   | ithin 20   | 00 ft.   |        |                                       |              |                |  |
| □ Septic   |   |  | Lateral Line            |   |  |                |  | stock Pe   |        |                                       | cide Storage |                |  |
| Sewer  |   |  | Cess Pool               |   |  |                |  | Storage  |        |                                       | oned Water   |                |  |
|  | ight Sewer Lin  |  | eepage Pit              |   |  |                | J Fertil   | lizer Sto  | orage  | ∐ Oil We                              | ll/Gas Well  |                |  |
|  |   |  |                         | Distance from   |  |                |  |  |        | ft                                    |              |                |  |
| 10 FROM  | ТО  |  | ITHOLO                  |   |  | FROM           |  |  |        | HO. LOG (cont.) or                    |              | GINTERVALS     |  |
|  |   | -  |                         |   |  |                |  | -  |        |                                       |              |                |  |
|  |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         |   | _  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
|  |   |  |                         |   |  | Notes:         |  |  |        |                                       |              |                |  |
|  | <b>↓</b>  |  |                         |   |  | 4              |  |  |        |                                       |              |                |  |
| 11 CONT  | DACTOD  |  | MAINT                   | CEDTIFICATI   | 0  | J. This (      | on   | 1 mag /  | - ٦    | notmucted                             | notmat-1     |                |  |
| under my in  | <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a 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 Wa  | ter Well Con  | tractor's Lice   | ense No                 |   | Wa   | ater Well Re   | cord v   | was con  | nple   | ted on (mo-day-ve                     | ear)         | 50 und 001101. |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name of   |   |  |                         |   |  |                |  |  |        |                                       |              |                |  |
| KC D   | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.<br>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.gov/waterwel  |                         |   | i, 10  | JOU D W JACKSO | יי סנ., סנ   | une 420,   | rope   | , Mansas 00012-130                    |              | SA 82a-1212    |  |