KOLAR Document ID: 1421712

| WATER WELI | | | WWC-5 e in Well Use | | vision of Wat | | | Well ID | | |
|--|---|--|-------------------------------|--------------------------------------|--|--|---|---------------------|-----------------|--|
| Original Record Correction Chang LOCATION OF WATER WELL: | | Fraction | | Resources App. No. Section Number | | Township Numb | | ge Number | | |
| County: | | | | 1/4 | | | T S | R R | $\Box E \Box W$ | |
| county. | | | | | eet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL WITH "X" IN | 4 DEPTH | OF COM | IPLETED WELL: . | f | ft. 5 Latitude : | | | | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) | | | | Longitude:(decimal degrees) | | | | |
| N | | |] Dry Well | | | WGS 84 🗌 NAI | | IAD 27 | | |
| | WELL'S ST. | | It. yr) | | Source for Latitude/Longitude: | | | | | |
| X | | | yr) | | $\Box GPS (unit make/model:) (WAAS enabled? \Box Yes \Box No)$ | | | | | |
| NW NE | Pump test da | | | | Land Survey Topographic Map | | | | | |
| w | - | hours | | | Online Mapper: | | | | | |
| SW SE | | Well w | | | | | | | | |
| | | hours | gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| S | Estimated Yi | ft and | | | Land Survey | | | | | |
| 1 mile | Bore Hole Diameter: in. to | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease | | | | | | | | | | |
| ☐ Household | | | | | | 11. Test Hole: well ID | | | | |
| Lawn & Garden | | | | | | Cased Uncased Geotechnical | | | | |
| | | | | | | | al: how many bores | | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | | | | | | a) Closed Loop | | | | |
| 4. Industrial | | | | | | b) Open Loop □ Surface Discharge □ Inj. of Water 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 □ Fiberglass □ PVC □ Other (Specify) | | | | | | | | | | |
| Brass Galvanized Steel Concrete tile 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. to ft. | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of pos | sible contaminatio | on: No | potential source of cont | | | | | | | |
| Septic Tank | | ateral Line | | | Livestock P | | | cide Storage | | |
| Sewer Lines | | ess Pool | Sewage Lag | | Fuel Storage | | | oned Water | Well | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | |
| Direction from well? | | | | | | | | | | |
| 10 FROM TO | | ITHOLOG | | FROM | TO | | HO. LOG (cont.) or | | G INTERVALS | |
| | | | | | | | | | | |
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| | | | | NI 4 - | | | | | | |
| | Notes: | | | | | | | | | |
| | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged | | | | | | | | | | |
| under my jurisdictio | n and was comple | eted on (n | no-day-year) | and | this record | is tru | e to the best of my | y knowled | ge and belief. | |
| Kansas Water Well | Contractor's Lice | nse No | This Wa | ter Well Re | cord was co | mple | ted on (mo-day-ye | ear) | | |
| under the business n | ame of | | ELL OWNER and retain o | | | 5.00.0 | | <u></u> 11 | | |
| KS Department of Hea | send one copy to the and Environment | WATER W Bureau of V | Vater, Geology Section 10 | 100 SW Jackson | orus. Fee of \$ St., Suite 420 | 5.00 f . Tope | or each <u>constructed</u> we ka. Kansas 66612-136 | 11. 7. 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 785-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |