KOLAR Document ID: 1468454

| WATER WELL Original Record | | | WWC-5 ge in Well Use | | rision of Water ources App. No | | Well ID | |
|--|--|--|-------------------------|-----------------|---|----------------------------------|----------------------|--|
| 1 LOCATION OF WATER WELL: | | | Fraction | | | | | |
| County: | | | | 1/4 | 1 | | | |
| 2 WELL OWNE | R: Last Name: | | First: | Street or Ru | reet or Rural Address where well is located (if unknown, distance and | | | |
| | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | |
| Address: | | | | | | | | |
| Address: City: | | State: | ZIP: | | | | | |
| 3 LOCATE WELL | , | | - 1 | | | | | |
| WITH "X" IN | 4 DEI | 4 DEPTH OF COMPLETED WELL: | | | | 5 Latitude: | | |
| SECTION BOX: | | Depth(s) Groundwater Encountered: 1) | | | | | | |
| N | | WELL'S STATIC WATER LEVEL: | | | | | | |
| | below land surface, measured on (mo-day-yr | | | | | | <u>2:</u>) | |
| NW NE | | | | | | (WAAS enabled? | | |
| | Pump test data: Well water was ft | | | | ☐ La | ☐ Land Survey ☐ Topographic Map | | |
| w X | E afterhours pumping | | | - | | | | |
| SW SE | | Well water was ft. after hours pumping g | | | | | | |
| | | | | gpm | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | |
| S | S Estimated Yield: Bore Hole Diameter: | | | | | | GPS Topographic Map | |
| 1 mile | | | | | Other | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | |
| ☐ Household | ousehold 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | |
| Lawn & Garden | — 1 & | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | |
| Livestock | <u> </u> | | | | 12. Geothermal: how many bores? | | | |
| 2. Trigation | | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 3. ☐ Feedlot4. ☐ Industrial | | | | | | 13. Other (specify): | | |
| | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? ☐ Yes ☐ No 8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other | | | | | | | | |
| Casing diameter | | | | | | | | |
| Casing height above land surface | | | | | | | | |
| 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., From ft. to ft. | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | |
| 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) | | | | | | | | |
| 10 FROM TO | · · · · · · · · · · · · · · · · · · · | LITHOLOG | | FROM | | | r PLUGGING INTERVALS | |
| IV TROW TO | | LITHOLOG | ole Log | TROM | 10 | ETTIO. LOG (cont.) 0. | T LOGGING INTERVALS | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | Notes: | · | | | |
| | | | | | | | | |
| 44 GOVERN GROUNG ON A AND OLYMPING GROUNG GR | | | | | | | | |
| 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 r | name of | LICCIISC INU | 1 ms vv a | | ora was coll | ipicica on (mo-uay-y | ····· | |
| | Send one c | opy to WATER W | ELL OWNER and retain o | ne for your rec | ords. Fee of \$5. | 00 for each constructed we | ell. | |
| 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 | | | | | | | | |