KOLAR Document ID: 1453914

| WATER WELL | _ | WWC-5 | | ivision of Water | 1 | | | |
|--|---|--|--|--|---|------------|-------------------|--|
| | | ge in Well Use | | sources App. N | | Well ID | | |
| 1 LOCATION OF V | VATER WELL: | Fraction | | ection Number | 1 | | ge Number | |
| County: | | 1/4 1/4 1/4 | | | T S | R | \Box E \Box W | |
| 2 WELL OWNER: | | | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: Address: | | | direction from | from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | | | | | | | | |
| City: | State: | ZIP: | | | | | | |
| 3 LOCATE WELL | 4 DEDTH OF COL | ADI ETED WELL. | | £ 5 7 44 | 1 | | | |
| WITH "X" IN | | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | 5 Latitude:(decimal degrees) | | | |
| SECTION BOX: | 2) ft. 3) ft., or 4) \square Dry | | | | Longitude: | | | |
| N | | TER LEVEL: | | | for Latitude/Longitude | | AD 21 | |
| | ☐ below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | |
| NW NE | above land surface, measured on (mo-day-yr). | | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | Pump test data: Well water was ft. | | | ☐ La | ☐ Land Survey ☐ Topographic Map | | | |
| W E | | after hours pumping | | | Online Mapper: | | | |
| SW SE | Well water wasft. after hours pumpinggpm | | | | | | | |
| | Estimated Yield: | | | | 6 Elevation :ft. ☐ Ground Level ☐ TOC | | | |
| S | | in. to | ft. and | | Source: | | | |
| mile | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | |
| 1. Domestic: | 5. 🗌 Public Wa | ater Supply: well ID | | . 10. 🗆 Oil | Field Water Supply: 16 | ease | | |
| ☐ Household | 6. Dewaterin | | . 11. Test H | 11. Test Hole: well ID | | | | |
| ☐ Lawn & Garden | 7. Aquifer R | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| Livestock | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | |
| 2. Irrigation | 9. Environmental Remediation: well ID | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 3. ☐ Feedlot4. ☐ Industrial | ☐ Air Sparg ☐ Recovery | | extraction | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | |
| Water well disinfected? | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | |
| 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 | | | | | | | | |
| 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 | LITHOLO | GIC LOG | FROM | TO | LITHO. LOG (cont.) or | r PLUGGINO | 3 INTERVALS | |
| | | | | | | | | |
| | | | | + | | | | |
| | | | | + | | | | |
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| | | | | + + | | | | |
| | | | Notes: | 1 | | | | |
| | 11065. | | | | | | | |
| | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | |
| under the business name of | | | | | | | | |
| 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. | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | |