KOLAR Document ID: 1481465

| | WELL R | | | WWC-5 | | vision of Wat | | | | | |
|--|--|--|--------------------------------|--|------------------------------------|---|--|--|----------------|----------------|--|
| U | | Correction | | ge in Well Use | | ources App. 1 | | | Well ID | | |
| | | ATER WEI | L: | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | ction Numb | er | Township Numb | | ige Number | |
| Count | | | | | | | | | | | |
| | OWNER: L | ast Name: | | First: | | reet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: Address: | | | | | direction from | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | |
| 3 LOCAT | 'E WELL | | | | ſ | | | | | | |
| 4 DEPTH OF COMPLETED WELL: WITH "X" IN SECTION POX. | | | | | | | | | | | |
| | ON BOX: | | | Dry Well | | Longitude: | | | | | |
| 1 | N | WELL'S ST | | | | | | | | | |
| x | | | | | | | | | | | |
| NW | NF | | | yr) | | (WAAS enabled? □ Yes □ No) | | | | | |
| | | Pump test d | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | |
| w | E | after | hours | gpm | | | | | | | |
| SW | SE | | t. | | | | | | | | |
| 5 1 | | | hours | gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | S S | Estimated Yield:gpm Bore Hole Diameter:in. to f | | | ft and | Source: Land Survey GPS Topographic Map | | | | | |
| | - | Bole Hole I | in. to | | | $\Box \text{ Other } \dots \square \text{ Other } \square \text{ of } \square o$ | | | | | |
| 1 mile | | | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | |
| | | | 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | | | |
| Lawn | | | | echarge: well ID | | | Cased Uncased Geotechnical | | | | |
| | | | | g: well ID | 12. Geot | therm | al: how many bores | ? | | | |
| | 2. Irrigation 9. Environmental Remediation: well I | | | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | |
| 3. | | | | | Soil Vapor Extraction | | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | |
| 4. 🗌 Industr | | | Recovery | | | | | 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 JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: □ Steel □ Steinless Steel | | | | | | | | | | | |
| Steel Steinless 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) | | | | | | | | | | | |
| \Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box 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. to ft., From ft. to ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other | | | | | | | | | | | |
| | | | | ft., From | ft. to | ft., From | | | | | |
| | | e contaminati | | potential source of con | tamination wi | ithin 200 ft. | | | | | |
| □ Septic | | | Lateral Line | | | Livestock Po | | | ide Storage | | |
| Sewer | | | Cess Pool | Sewage La | | Fuel Storage | | | oned Water | | |
| | ight Sewer Li | | | ☐ Feedyard | | Fertilizer St | orage | | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | TO | | HO. LOG (cont.) or | | G INTERVALS | |
| | | | | | | - | | | | | |
| | | | | | | | 1 | | | | |
| | | | | | | | l | | | | |
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| | | | | | Notes: | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief. | | | | | | | | | | | |
| under my j | urisdiction at | nd was compl | leted on (n | no-day-year) | \dots and | this record | 1s tru | te to the best of m | y knowled | ge and belief. | |
| | | | | This Wa | | | | | | | |
| | aomeoo nam | Send one copy to | WATER W | /ELL OWNER and retain of | one for your rec | ords. Fee of \$ | 5.00 f | or each constructed we | <u></u> 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. | | | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | |