KOLAR Document ID: 1411956

| | WELL R | | | WWC-5 | | vision of Wat | | | | | |
|---|--|----------------|--|--------------------------------|--------------|---|---|---------------------|--------------|----------------|--|
| | | Correction | | e in Well Use | | ources App.] | | | Well ID | | |
| 1 LOCATION OF WATER WELL: Fraction | | | | | | ction Numb | er | Township Numb | | ge Number | |
| $\begin{array}{c c} County: & 1/4 & 1/4 \\ \hline & 1/4 & 1/4 \\$ | | | | | | | | | | | |
| | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Business: di: Address: | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | |
| 3 LOCAT | E WELL | 4.000 | | | | | _ | | | | |
| 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| SECTIC | ON BOX: | | — • — — • – • • • • • • • • • • • • • • • • • | | | | | | | | |
| 1 | 2) ft. 3) ft., or 4) | | | | | | | | | | |
| | | | | , measured on (mo-day- | | Source for Latitude/Longitude: | | | | | |
| NW | NE | | | yr) | | | WAAS enabled? | | | | |
| ^{NW} Ţ | Pump test d | | | | | Survey | | 0) | | | |
| | | | Ifter hours pumping gp | | | | | Mapper: | | | |
| | | | Well water was ft. | | | | | | | | |
| Sw | | | | s pumping | 6 Flow | 6 Elevation & Crowd Level D TOC | | | | | |
| | | | imated Yield:gpm | | | | 6 Elevation:ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map | | | | |
| | S | Bore Hole I | Bore Hole Diameter: in. to | | | Source | ☐ Other | | | | |
| | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic | 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | | | | | |
| | \Box Household 6. \Box Dewatering: now many wells? | | | | | | | | | | |
| | Livestock S. Monitoring: well ID | | | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | |
| 2. 🗌 Irrigati | | | | | | | | Loop Horizont | | | |
| | 3. □ Feedlot □ Air Sparge □ Soil Vapor Ex | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. 🗌 Industr | | | Recovery | | | 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: | | | | | | | | | | | |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots$ | | | | | | | | | | | |
| □ 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) | | | | | | | | | | | |
| | | | | n ft. to | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| | rce of possibl | | | potential source of cont | | | | | · 1 . C/ | | |
| ☐ Septic ☐ Sewer | | | Lateral Line Cess Pool | es 🗌 Pit Privy 🗌 Sewage Lag | | Livestock Po Fuel Storage | | | cide Storage | | |
| | ight Sewer Lir | | Seepage Pit | | | Fertilizer Sto | | | ll/Gas Well | wen | |
| | | | | | | i crunzei St | Jiage | | ii/Gas well | | |
| | | | | Distance from we | | | | ft | | | |
| 10 FROM | TO | | ITHOLO | | FROM | TO | | HO. LOG (cont.) or | | G INTERVALS | |
| | | | | - | | - | | - (1) 01 | | | |
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| | | | | | Notes: | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONT | RACTOR'S | OR LANDO | OWNER'S | S CERTIFICATION | : This wate | r well was | | nstructed, 🗌 reco | onstructed, | or 🗌 plugged | |
| under my j | urisdiction ar | nd was compl | eted on (n | no-day-year) | and | this record | is tru | e to the best of m | y knowled | ge and belief. | |
| Kansas Wa | ter Well Con | tractor's Lice | ense No | This Wa | ter Well Red | cord was co | mple | ted on (mo-day-ye | ear) | | |
| under the b | usiness name | e of | | ELL OWNED and rates | no for vo | orda Eccf. [¢] | 5 00 5 | or analy as starter | | | |
| KS Departr | 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. | | | | | | | | | | |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone /85-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | |