KOLAR Document ID: 1523822

| WATER W | | ECORD Correction | | WWC-5 ge in Well Use | | | sion of Wat | | | Well ID | | |
|--|-------------|---|--------------------------------|---------------------------------------|--------------------|--|--|--|------------------------|---------------|----------------|--|
| Original Record Correction Changed I LOCATION OF WATER WELL: | | | | | | | ion Number Township Numl | | | ge Number | | |
| County: | | | | 1/4 1/4 | 1⁄4 | | | | | | | |
| | | | | | | Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| City: State: | | | | ZIP: | | | | | | | | |
| 3 LOCATE W | 4 DEPTH | IPLETED WELL | : | ft. | 5 Latit | nqe. | | | (decimal degrees) | | | |
| WITH "X" I SECTION B | Depth(s) Gr | Depth(s) Groundwater Encountered: 1) | | | | Longitude:(decimal degrees) | | | | | | |
| N | 0120 | 2) | | Datum: WGS 84 INAD 83 NAD 27 | | | | | | | | |
| | | WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude/Longitude: | | | | |
| NW N | NE | above land surface, measured on (mo-day-yr) | | | | | | | WAAS enabled? | | | |
| | | Pump test data: Well water was ft. after hours pumping gpi | | | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | |
| W X | E | Well water was ft. | | | | | | | | | | |
| | | | | rs pumping gpm | | | 6 Eleva | 6 Elevation:ft. Ground Level TOC | | | | |
| S | | Estimated Yield:gpm Bore Hole Diameter: in. to f | | | | and | Source: Land Survey GPS Topographic Map | | | | pographic Map | |
| 1 mile | | in. to | | | | | □ Other | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | | |
| Household | | | 6. Dewatering: how many wells? | | | | | | | | | |
| Lawn & Ga | arden | 7. 🗌 Aquifer Recharge: well ID | | | | | Cased Uncased Geotechnical | | | | l | |
| | | | | g: well ID al Remediation: well ID | | | | 12. Geothermal: how many bores? a) Closed Loop □ Horizontal □ Vertical | | | | |
| 3. ☐ Feedlot | | | | | | | b) Open Loop 🗌 Surface Discharge 🗌 Inj. of Water | | | | | |
| 4. 🗌 Industrial | ☐ Injection | | 13. 🗌 Other (specify): | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box 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 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 PVC Other (Specify) | | | | | | | | | | | | |
| □ Brass □ Galvanized Steel □ None used (open hole) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| Continuou | | ☐ Mill Slot ☐ Key Punch | | | Torch C Saw Cut | | rilled Holes one (Open H | | Other (Specify) | | | |
| 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. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| □ Septic Tanl □ Sewer Line | | | Lateral Line Cess Pool | es | | | Livestock Pe Fuel Storage | | ☐ Insectic ☐ Abando | | Wall | |
| ☐ Sewer Line | | | | | | | Fertilizer Storage | | | | wen | |
| ☐ Other (Specify) Direction from well? ft. | | | | | | | | | | | | |
| | TO | | ITHOLOG | | | ROM | ТО | | HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
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| <u>├</u> ─── | | | | | | otes: | | | | | | |
| | | | | | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No | | | | | | | | | | | | |
| Kansas Water | Well Con | u was compl tractor's Lice | eted on (n ense No | | Vater W | and t Vell Rec | ord was co | 18 tru mple | ted on (mo-dav-ve | y knowledger) | ge and belief. | |
| | less 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:// | | | | | | | | 1 | | | A 82a-1212 | |