KOLAR Document ID: 1365171

| WATER WEL | | | | WWC-5 ge in Well Use | | | | on of Wat | | | Well ID | | |
|---|---|---|--------------|--------------------------------|-------------------|------------------------|--|--|--------|-----------------------|-------------|-------------|--|
| Original Record Correction Change 1 LOCATION OF WATER WELL: | | | Fraction | | sources App. No. | | | Township Numb | | ge Number | | | |
| County: 1/4 1/4 1/4 | | | | | | | | | | | | | |
| 2 WELL OWNE Business: Address: Address: City: | | Street or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| 3 LOCATE WELL | L | | State: | ZIP: | | | C | | | | | | |
| WITH "X" IN | Depth(s) Groundwater Encountered: 1) | | | | | | ft. | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | | |
| SECTION BOX | : | | Dry Well | | | | WGS 84 □ NAI | | AD 27 | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | | Sourc | e for | Latitude/Longitude: | : | | |
| | I X - NW NE - I □ below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr below) | | | | | | | | | unit make/model: | | | |
| NW NE | Pump test data: Well water was ft. | | | | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | |
| w | E after hours pumping | | | | | | | Online Mapper: | | | | | |
| SW SE | SW SE Well water was ft. after hours pumping | | | | | | _ | | | | | | |
| | Estimated Yield: | | | | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| S | S Bore Hole Diameter: in. to | | | | | | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 mile in. to ft. | | | | | | | | | | | | | |
| 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? | | | | | | | | 11. Test Hole: well ID | | | | | |
| | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | | Cased Uncased Geotechnical | | | | | |
| Livestock 2. Irrigation | - 6 | | | | | | | | | al: how many bores | | | |
| 3. Feedlot | | | | | | | • | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. 🗌 Industrial | | | 13. | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify) | | | | | | | | | | | | | |
| □ Steel □ Stanless Steel □ Fiberglass □ FVC □ Other (Specify) | | | | | | | | | | | | | |
| SCREEN OR PER | | | | | _ | | | | | | | | |
| Continuous Slo | | ☐ Mill Slot ☐ Key Punch | | auze Wrapped | | orch Cut 🔲 aw Cut 🛛 | Drill | led Holes ie (Open F | | Other (Specify) | | | |
| SCREEN-PERFOR | | | | | | | | | | ft From | ft. to | ft. | |
| | | | | | | | | | | ft., From | | | |
| 9 GROUT MATI | | | | | | | | | | | | | |
| Grout Intervals: From Nearest source of po | | | | ft., From | • • • • • • • • • | ft. to | | . ft., From | | ft. to | ft. | | |
| Septic Tank | 551010 | | Lateral Line | es 🗌 Pit P | rivy | [| Liv | vestock Pe | ens | ☐ Insectio | ide Storage | | |
| Sewer Lines | | | Cess Pool | □ Sewa | age La | | | el Storage | | Abando | oned Water | | |
| U Watertight Sew | | | eepage Pit | | 2 | | _ Fei | rtilizer Sto | orage | Oil We | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | | | |
| 10 FROM TO | | | ITHOLO | | | FROM | | ТО | | HO. LOG (cont.) or | | G INTERVALS | |
| | | | | | | | _ | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | <u> </u> | |
| | | | | | | | | | | | | | |
| | | | | | | NT - 4 | | | | | | | |
| Notes: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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 | | | | ater, deology sec | uon, 10 | JUU J W JACKS | л эเ., | , Suite 420, | , rope | na, naiisas 00012-130 | | SA 82a-1212 | |