KOLAR Document ID: 1560287

| | R WELL R | Correction | | WWC-5 ge in Well Use | | vision of Wat | | | Well ID | | | |
|---|---|------------------|------------------------|--------------------------------|--------------------------------|--|---|------------------------------------|-------------|-----------------|--|--|
| | | ATER WEL | - | Fraction | | ction Numb | | Township Numbe | | ige Number | | |
| | | | | | | · · · | | | | $\Box E \Box W$ | | |
| Business: di Address: Address: | | | | | | treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| City: 3 LOCAT | FWFII | | State: | ZIP: | | | | | | | | |
| 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | | |
| | ON BOX: | | | It.] Dry Well | | | | | | | | |
| 1 | N | WELL'S ST | | | Source for Latitude/Longitude: | | | | | | | |
| | | | | -yr) | 00 | | unit make/model: | |) | | | |
| NW | NE | Pump test d | | -yr) | | (WAAS enabled? Yes No) | | | | | | |
| w | E | ~ | hours | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | | |
| | Well | | | vater was t | | | | | | | | |
| after hours p | | | | s pumping | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | S | Bore Hole I | | ft. and | | Source: Land Survey GPS Topographic Map | | | | | | |
| | mile | | | ft. | □ Other | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic | I. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | 10. □ Oil Field Water Supply: lease 11. Test Hole: well ID | | | | | |
| | | | | echarge: well ID | | | | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. ☐ Irrigati 3. ☐ Feedlo | 2. □ Irrigation 9. Environmental Remediation: well ID 3. □ Feedlot □ Air Sparge □ Soil Vapor Ex | | | | | | a) Closed Loop | | | | | |
| 4. Industrial Recovery Injection | | | | | Extraction | 13. Other (specify): | | | | | | |
| 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 | | | | | | | | | | | | |
| Casing height above land surface in. Weight Ibs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$ | | | | | | | | | | | | |
| Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Image: Comparison of the sector of | | | | | | | | | | | | |
| □ 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 ft. to | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| Nearest sou | | le contaminati | on: No Lateral Line | potential source of cor es | | ithin 200 ft.] Livestock P | Pons | □ Insectic | ide Storage | | | |
| ☐ Sewer | | | Cess Pool | Sewage La | | Fuel Storage | | | ned Water | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my injurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief | | | | | | | | | | | | |
| 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 This Water Well Record was completed on (mo-day-year) | | | | | | | | | | | | |
| under the b | ousiness nam | e 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 h | nttp://www.kdhe | eks.gov/waterwel | l/index.html | | | | | | KS | SA 82a-1212 | | |