KOLAR Document ID: 1458735

WATER V			Form V					sion of Wate						
Original F		Correction		e in Well				urces App. N			Well II			
1 LOCATION	ON OF WA	ATER WEL	L:	Fraction		, ,,	Sect	tion Numbe	r	Township Numb		ang	ge Nun	
County:				1/4	1/4 1/	4 1/4		1 4 1 1		T S	R			□ W
2 WELL OWNER: Last Name:				First:		Street or Rural Address where well is located (if unknown, distardirection from nearest town or intersection): If at owner's address, check								
Business: Address:						direction	from ne	earest town or	inte	rsection): If at owner	r's addres	s, cl	neck he	re: 🔲
Address:														
City:			State:	ZIP:										
3 LOCATE	WELL	4 DEDTH	OF COM	IDI ETE	D WELL.		£	F T -424-						
WITH "X'		4 DEPTH Depth(s) Gro												
SECTION	BOX:										degrees)			
N	2) ft., or 4) \[\subseteq \text{Dry} \] WELL'S STATIC WATER LEVEL:													
				, measured on (mo-day-yr)				GPS (unit make/model:)						
NW	- NE			, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)						
	i l			vater was ft.			☐ Land Survey ☐ Topographic Map							
WX	E	after		s pumpinggpm			Online Mapper:							
SW	SE SE	_												
3 *	-3E			pumping gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC							
		Estimated Y												
S 1 mil	el			in. to ft. and ft.				Bource	Source: Land Survey GPS Topographic Map Other					
7 WELL W.	'			111	1. 10	It.								
1. Domestic:	AIEK IU		15:] Public Wat	ter Sunnls	well ID			10 □ 0	l Fie	eld Water Supply: 16	ease			
☐ Househo	ld									: well ID				
☐ Lawn &				g: how many wells?echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical							
☐ Livestocl				g: well ID					al: how many bores					
2. Irrigation	ı			al Remediation: well ID				a) Cl	osed	Loop Horizont	ıal 🔲 Ve	rtic	al	
3. ☐ Feedlot			Air Sparge					b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						
4. Industria	1		Recovery		Injection			13. 🔲 Ot	her ((specify):	• • • • • • • • • • • • • • • • • • • •	• • • •		• • • • • • • • • • • • • • • • • • • •
Was a chemi	ical/bacteri	ological san	nple subm	itted to l	KDHE?	Yes 🔲	No	If yes, date	sar	nple was submitte	d:			
Water well di	isinfected?	☐ Yes ☐	No											
										Glued Clamped			☐ Thi	readed
								ft., Diam	eter	in. to		ft.		
Casing height						lbs	s./ft.	Wall thick	ness	or gauge No	• • • • • • • • • • • • • • • • • • • •	• •		
TYPE OF SC			ION MAT	ΓERIAL:						~				
☐ Steel		less Steel			□ PVC	1.7			er (S	Specify)	• • • • • • • • • • • • • • • • • • • •	••••		•••
☐ Brass SCREEN OR		anized Steel	NINICE AT	DE.	☐ None	used (ope	i hole))						
☐ Continue		Mill Slot		xe. auze Wrap	med □T	orch Cut		rilled Holes	П	Other (Specify)				
		☐ Key Punch						one (Open H						••
SCREEN-PE	RFORATE	D INTERVA	ALS: From	1	. ft. to					ft., From	ft.	to .		ft.
GRAVEL PACK INTERVALS: From														
										ft. to				
Nearest sourc	e of possible	contamination	on: No	potential	source of co									
☐ Septic Ta			Lateral Lines		☐ Pit Privy			Livestock Pe		☐ Insection				
☐ Sewer Lii			Cess Pool		Sewage L			Fuel Storage		Abando			/ell	
	□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)													
Utner (Sp	becity)		•••••	Die	tanca from s	 vol19				ft.				
10 FROM	TO		ITHOLOG			FRO				HO. LOG (cont.) 01		INC	INTE	RVAIS
10 TROM	10		THOLOG	ore Lou		TRO	111	10	LII	110. LOG (cont.) of	1 LOGGI	1110	IIII	KVILD
						Note	s:						-	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged														
under my juri	under my jurisdiction and was completed on (mo-day-year)													
Kansas Water	r Well Cont	ractor's Lice	ense No	• • • • • • • • • • • • • • • • • • • •	This W	ater Wel	Reco	ord was con	nple	eted on (mo-day-ye	ear)	• • • •	• • • • • • • •	
under the bus	iness name	01	WATED W	ELL OWN	ED and matain	one for	ır rocc:	rde Foo of ¢F		or each <u>constructed</u> we		••••	<u></u>	•••••
KS Departmen	S nt of Health an	ena one copy to id Environment	, WAIEK WI Bureau of W	LLL OWN Vater. Geolo	DEN AND RETAIN Ogy Section. 1	1000 SW Ja	n recor ckson S	ius. ree 01 \$5 St., Suite 420	Tone	or each <u>constructed</u> we eka, Kansas 66612-13 <i>6</i>	ள. 57. Telenh	one '	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 785-296-3565. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										

Form	WWC5
Contractor	Downey Drilling, Inc.
Well Owner	
Doc ID	1458735

Litholgy

Littloigy		
From	То	LithologicLog
0	30	TOPSOIL & FINE SAND
30	60	FINE GRAVEL
60	100	FINE SAND W/ TR SILTY CLAY
100	120	SILTY CLAY W/ LAYERS OF BL CLAY
120	145	F/M/C SAND, M/C GRAVEL & CLAY LAYER
145	155	SILTY CLAY
155	205	F/M/C SAND & F. GRAVEL
205	215	SANDY CLAY W/ C. GRAVEL
215	242	F/M/C SAND
242	280	SANDY CLAY W/ F/M/C GRAVEL
280	300	FINE SAND W/ SC
300	410	F. SAND, F/M/C SAND & F/M GRAVEL
410	420	WEATHERED SHALE
420	450	SHALE W/ TR SILTY CLAY
450	472	F/M SAND
472	510	SHALE W/ TR SILTY CLAY
510	570	F. SAND AND BR ROCK
570	580	SILTY CLAY & F. SAND
580	615	F. SAND, TR BR ROCK & SS
615	621	SILTY CLAY & F. SAND

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Litholgy

From	То	LithologicLog
621		F. SAND & TR BR ROCK & SS
645	646	CEMENTED (LIMESTONE)
646	661	LT SHALE W/ SILTY CLAY