KOLAR Document ID: 1465724

| | | | | WWC-5 | | vision of Wat ources App. | | | Well ID | | | |
|---|---|----------------------------|---|---------------------|---|---|--|---|-------------|-------------|--|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | | | ion Number Township Number Range Number | | | | | | |
| County: 1/4 1/4 1/4 | | | | | | | T S R DEDW | | | | | |
| 2 WELL Business: Address: Address: City: | OWNER: La | | State: | First: ZIP: | | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | | |
| WITH " | WITH "X" IN Depth(s) Groundwater Encountered: 1) | | | | | | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | | |
| | SECTION BOX: N N N SECTION BOX: N SECTION BOX: SECTION BOX: N SECTION BOX: SECTION BOX: SE | | | | | Datu | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: | | | | | |
| NW | NE | | | -yr) | • | (WAAS enabled? ☐ Yes ☐ No) | | | | | | |
| w | E | Pump test da after | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | | | |
| | | untertit | ft. | | | | | | | | | |
| SW | X- SE | | hours | gpm | 6 Elev | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | S | Estimated Y Bore Hole D | | ft and | | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 r | nile | in. to ft. | | | | | □ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | 1. Domestic: 5. □ Public Water Supply: well ID □ Household 6. □ Dewatering: how many wells? | | | | | | 10. □ Oil Field Water Supply: lease 11. Test Hole: well ID | | | | | |
| | $\Box Lawn \& Garden $ 1. $\Box Dewatching: how in 7. \Box Aquifer Recharge: The second seco$ | | | | | | | \Box Cased \Box Uncased \Box Geotechnical | | | | |
| | 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 E | | | | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | |
| 4. □ Industrial □ Recovery | | | | | Entraction | 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 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) | | | | | | | | | | | | |
| Steel Image: S | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From 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. to ft. to ft. Nearest source of possible contamination: No potential source of contamination within 200 ft. | | | | | | | | | | | | |
| Septic | Tank | 🗆 I | Lateral Line | es 🗌 Pit Privy | | Livestock P | Pens | Insectic | ide Storage | | | |
| Sewer | | | Cess Pool | | igoon | Fuel Storag | | | oned Water | Well | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | L | ITHOLO | GIC LOG | FROM | ТО | LIT | 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 jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| Kansas Wa | ter Well Con | tractor's Lice | ense No | This Wa | ater Well Re | cord was co | omple | ted on (mo-day-ye | ear) | | | |
| under the b | usiness name | of | WATED N | ELL OWNER and rates | one for your | orda Eas of ¢ | | ar analy constructed | | <u></u> | | |
| KS Departr | 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.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | |