KOLAR Document ID: 1515536

| | WELL R | | | WWC-5 | | vision of Wat | | | | | |
|--|--|---|--|--------------------------|-----------------|--|--|----------------------|-------------|-------------------|--|
| | | Correction | | ge in Well Use | | ources App. 1 | | | Well ID | | |
| | | ATER WEL | L: | Fraction | | ction Numb | er | Township Numb | | ige Number | |
| County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: | | | | | | mal Addmaga | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | |
| 2 WELL Business: | | ast Name: | | First: | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | t. 5 Latit | ude: | | | (decimal degrees) | |
| | SECTION BOX. Depth(s) Groundwater Encountered: | | | | | Long | Longitude:(decimal degrees) | | | | |
| | N | | | 3) ft., or 4) | | Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27 | | | | | |
| | | | WELL'S STATIC WATER LEVEL: | | | | | Latitude/Longitude | | 、 、 | |
| X - NW | NE | above land surface, measured on (mo-day-yr) | | | | | □ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | |
| | | Pump test d | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | |
| w | E | after | hours | | | | | | | | |
| SW | SE | often | Well v | | | | | | | | |
| | | after hours pumping gp Estimated Yield:gpm | | | gpm | 6 Elevation:ft. Ground Level TOC | | | | | |
| | S | Bore Hole Diameter: in. to | | | ft. and | | Source: Land Survey GPS Topographic Map | | | | |
| 1 r | mile | | in. to | | | □ Other | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic | | | | ater Supply: well ID | | | | ld Water Supply: le | | | |
| | | | 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID | | | | 11. Test Hole: well ID □ Cased □ Uncased □ Geotechnical | | | | |
| | | | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | |
| 2. 🗌 Irrigati | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4. 🗌 Industr | rial | | Recovery | □ Injection | | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes 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 | | | | | | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | | | | | | | | |
| □ Brass □ Galvanized Steel □ None used (open hole) | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| ☐ Septic | | | Lateral Line | | | Livestock Pe | ens | Insection | ide Storage | | |
| □ Sewer | | | Cess Pool | Sewage La | | Fuel Storage | | | oned Water | Well | |
| | ight Sewer Li | | | ☐ Feedyard | | Fertilizer St | orage | 🗌 Oil We | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | HO. LOG (cont.) or | | GINTERVALS | |
| 10 11(0.01 | 10 | | | 010 100 | 1110111 | 10 | | | 1200011 | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | N-4 | | <u> </u> | | | | |
| | Notes: | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | |
| under my j | urisdiction a | nd was compl | leted on (n | no-day-year) | and | this record | is tru | e to the best of my | y knowled | ge and belief. | |
| Kansas Wa | ter Well Cor | ntractor's Lice | ense No | This Wa | ater Well Re | cord was co | mple | ted on (mo-day-ye | ear) | | |
| under the b | ousiness name | e of | | /ELL OW/NEP and retain (| one for your r- | orde Eac of [¢] | 5 00 f | an angle constructed | 11 | | |
| 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. | | | | | | | | | | | |
| - | | ks.gov/waterwel | | | | | r | | | SA 82a-1212 | |