## KOLAR Document ID: 1378764

|   | WELL R  |  |                                | WWC-5               |   |  | sion of Wat  |   |                        | Well ID |              |  |
|---|---|--|--------------------------------|---------------------|---|--|--|---|------------------------|---------|--------------|--|
| Original Record Correctio     LOCATION OF WATER W   |   |  |                                |                     |   | Resources App. No<br>Section Number  |  |   |                        |         | ge Number    |  |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$   |   |  |                                |                     |   | beet   | $\begin{array}{c c} T & S \\ T & S \\ \end{array} \begin{array}{c} T & S \\ R & \Box E \\ \Box W \\ \end{array}$ |   |                        |         |              |  |
| 2 WELL  | ast Name:   |  | First:                         | Street of           | reet or Rural Address where well is located (if unknown, distance and |  |  |   |                        |         |              |  |
| Business:   |   |  |                                |                     | direction   | rection from nearest town or intersection): If at owner's address, check here: |  |   |                        |         |              |  |
| Address:<br>Address:  |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| City: State: ZIP:   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:  |   |  |                                |                     |   |  | 5 T a 444  |   |                        |         | (1           |  |
|   | WITH "A" IN Depth(s) Groundwater Encountered: 1)  |  |                                |                     |   |  |  | 5 Latitude:(decimal degrees)<br>Longitude:(decimal degrees)   |                        |         |              |  |
|   | SECTION BOX:<br>N $(2) \dots (ft, 3) \dots (ft, or 4) \square$  |  |                                |                     |   |  | Datum: WGS 84 NAD 83 NAD 27  |   |                        |         |              |  |
|   | ·   | WELL'S STATIC WATER LEVEL: ft.   |                                |                     |   |  |  | Source for Latitude/Longitude:                                |                        |         |              |  |
|   |   | below land surface, measured on (mo-day-yr)  |                                |                     |   |  | GPS (unit make/model:)   |   |                        |         |              |  |
| NWX-  | NE  | □ above land surface, measured on (mo-day-yr)<br>Pump test data: Well water was ft.<br>after hours pumping gpm |                                |                     |   |  |  | (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map |                        |         |              |  |
| w   | Е   |  |                                |                     |   |  |  |   | e Mapper:              |         |              |  |
|   |   | Well water was ft.   |                                |                     |   |  |  |   |                        |         |              |  |
| SW  | SE  | after hours pumping gpm  |                                |                     |   |  | 6 Elevation:ft.  Ground Level  TOC   |   |                        |         |              |  |
|   | S   | Estimated Yield:gpm<br>Bore Hole Diameter: in. to ft   |                                |                     |   |  |  |   |                        |         |              |  |
| 1 r   | -   | Dore Hote L  | in. to ft.                     |                     |   |  |  |   |                        |         |              |  |
| 7 WELL WATER TO BE USED AS:   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| 1. Domestic:  |   |  |                                | ter Supply: well ID |   |  |  |   |                        |         |              |  |
| Housel  |   |  | 6. Dewatering: how many wells? |                     |   |  |  |   |                        |         |              |  |
|   | Lawn & Garden 7. Aquifer Recharge: well ID  |  |                                |                     |   |  |  |   |                        |         |              |  |
| 2.  Irrigati  | □ Livestock       8. □ Monitoring: well ID         □ Irrigation       9. Environmental Remediation: well ID .   |  |                                |                     |   |  | <ul><li>a) Closed Loop □ Horizontal □ Vertical</li></ul>   |   |                        |         |              |  |
|   | 3. □ Feedlot □ Air Sparge □ Soil Vapor Ex   |  |                                |                     |   |  | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water   |   |                        |         |              |  |
| 4. Industrial 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.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No       |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| □ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify)  |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| Brass Galvanized Steel Concrete tile None used (open hole)  |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   | □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)<br>□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                | n ft. to            |   |  |  |   |                        | ft. to  | ft.          |  |
|   |   |  |                                | n ft. to            | ,   |  |  |   | · ·                    |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| 9 GROUT MATERIAL:  Neat cement  Cement grout Bentonite Other  |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   | e contaminati  |                                |                     |   |  | :  |   |                        |         |              |  |
| Septic '  |   |  | Lateral Line<br>Cess Pool      | es                  | agoon   |  | Livestock Pe<br>Fuel Storage   |   | ☐ Insectic<br>☐ Abando |         |              |  |
|   | ight Sewer Lir  |  | Seepage Pit                    |                     |   |  | Fertilizer Sto   |   |                        |         | () CH        |  |
| Direction from well? ft.  |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        | DULICON | C DIFEDRAL C |  |
| 10 FROM   | TO  | L  | ITHOLOG                        | JIC LOG             | FRO   | DM   | ТО   | LII   | HO. LOG (cont.) or     | PLUGGIN | GINTERVALS   |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
|   |   |  |                                |                     | Note  | s:   |  |   |                        |         |              |  |
|   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| 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 This Water Well Record was completed on (mo-day-year)   |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| under the business name of  |   |  |                                |                     |   |  |  |   |                        |         |              |  |
| 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  |                                | ,                   |   |  |  | 1   |                        |         | SA 82a-1212  |  |