KOLAR Document ID: 1482790

| WATER WELL RECORD Form WWC-5 | | | | | on of Water | | | ,, | V 11 ID | | |
|--|---|-------------------------|--------------|--|---|------------------------------------|-----------------|-------------|---|---|--|
| Original Record 1 LOCATION OF W | | e in Well Use | | | rces App. N | | ` | | Vell ID | N | |
| County: | AIEK WELL: | Fraction 1/4 1/4 1/4 | | Secu | on Number | r | Cownship 1 T | S | Ran | ge Number □ E □ W | |
| 2 WELL OWNER: L | ost Nama: | First: | | Rural | l Δddress v | where | | | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Address: | G | 710 | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN | 4 DEPTH OF COMPLETED WELL: | | | | 5 Latitude:(decimal degrees) | | | | | | |
| SECTION BOX: | Depth(s) Groundwater I | Encountered: 1) | ft. | | Longitude:(decimal degrees) | | | | | | |
| N N | 2) ft. 3) ft., or 4) \square D | | | | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 | | | | | | |
| | WELL'S STATIC WATER LEVEL: □ below land surface, measured on (mo-day-yr). | | | | | | atitude/Lon | | | | |
| | ☐ above land surface, | | | (WAAS enabled? ☐ Yes ☐ No) | | | | | | | |
| NW NE | Pump test data: Well w | | | | | | | | | | |
| W E | after hours | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | | | | | |
| | Well w | | | | | | | | | | |
| SW SE | | | npinggpm | | | 6 Flavotion: ft Commad Lavel C TOC | | | | | |
| | Estimated Yield: | | | | 6 Elevation:ft. Ground Level TOC | | | | | | |
| S | | in. to ft. and | | | Source: Land Survey GPS Topographic Map Other | | | | | | |
| 1 mile in. to ft. Uother | | | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | 10 🗆 🔾 | l Field | Water Sun | nly: leece | | | |
| ☐ Household | 6. ☐ Dewaterin | | | 10. Oil Field Water Supply: lease | | | | | | | |
| Lawn & Garden | 7. ☐ Aquifer Re | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | | | |
| Livestock | 8. Monitoring | | | | | | | | | | |
| 2. Irrigation | | al Remediation: well II | | | a) Closed Loop | | | | | | |
| 3. ☐ Feedlot | ☐ Air Sparge ☐ Soil Vapor Extractio | | | | b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify): | | | | | | |
| 4. 🗌 Industrial | ☐ Recovery | ☐ Injection | | | 13. □ Otl | her (sp | ecify): | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ 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., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | ft. to | | ft. | | |
| Nearest source of possibl | | | tamınatıon | | | | | maaatiaida | Ctomoro | | |
| ☐ Septic Tank☐ Sewer Lines | ☐ Lateral Line ☐ Cess Pool | | goon | | ivestock Per uel Storage | | | nsecticide | | Wall | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? | | | | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | 1 | TO | LITH | O. LOG (co | ont.) or PL | UGGIN | G INTERVALS | |
| | | | 1 | _ | | | | | | | |
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| | | | Notes: | | | | | | | | |
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| | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| under my jurisdiction at | id was completed on (m | no-day-year) | | ind th | is record is | s true | to the best | t ot my k | nowledg | ge and belief. | |
| under the business name | aractor's License No | I his Wa | uer well | kecor | u was con | ipiete | u on (mo- | uay-year) | · • • • • • • • • • • • • • • • • • • • | ••••• | |
| ander the outliness flame | Send one copy to WATER W | ELL OWNER and retain of | one for your | record | ls. Fee of \$5. | .00 for | each constru | cted well. | | • | |
| KS Department of Health a | 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.kdhe | ks.gov/waterwell/index.html | | | | | | | | KS | A 82a-1212 | |