KOLAR Document ID: 1567904

| | WELL R | ECORD Correction | | WWC-5 ge in Well Use | | vision of Wa | | | Well ID | | |
|---|--|--|-------------------------------|--------------------------------|-------------------------------------|---|--|------------------------------|-------------|----------------|--|
| | | | Fraction | | Resources App. No Section Number | | Township Numbe | | ge Number | | |
| 1 LOCATION OF WATER WELL:FractionCounty:1/41/41/4 | | | | | | $\begin{array}{c c} T & S & R & \Box E & W \\ \hline \end{array}$ | | | | | |
| | OWNER: La | ist Name: | | First: | | r Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | ist i tunie. | | 11150. | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | , | , | | |
| Address: City: | | | State: | ZIP: | | | | | | | |
| 3 LOCAT | FWFLL | | | | | | | | | | |
| WITH " | | | | t | | 5 Latitude:(decimal degrees) | | | | | |
| SECTIO | | Depth(s) Gr | | | Lon | Longitude: | | | | | |
| Ν | V | 2) ft. 3) ft., or 4) 	Dr WELL'S STATIC WATER LEVEL: | | | | | Datum: 🗌 WGS 84 📄 NAD 83 📄 NAD 27 | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | Source for Latitude/Longitude: | | | | |
| NW | NE | above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? \Box Yes \Box No) | | | | |
| | | Pump test da | vater was f | | □ Land Survey □ Topographic Map | | | | | | |
| w | E | after hours pumping gpm | | | | | Online Mapper: | | | | |
| SW | SE | - 64 | vater was f | | | | | | | | |
| | | after hours pumping gpm Estimated Yield:gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | s | Bore Hole Diameter: in. to ft. a | | | | | Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Map | | | | |
| 1 r | | | ft. | □ Other | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | | | | ater Supply: well ID | | | | | | | |
| Housel | | | | | | | | | | | |
| \Box Lawn d | | | | | | Cased Uncased Geotechnical | | | | | |
| 2. Irrigati | □ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID | | | | | | 12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical | | | | |
| 3. \Box Feedlo | | | ☐ Air Sparge ☐ Soil Vapor Ext | | | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | | |
| 4. 🗍 Industr | | | Recovery | | | 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 | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| Steel 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 ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From | | | | | | | | | | | |
| | als: From rce of possible | | | potential source of con | | | n | It. to | n. | | |
| Septic ' | | | Lateral Line | | | Livestock F | Pens | Insectici | ide Storage | | |
| | | | Cess Pool | Sewage La | | Fuel Storag | | Abandon | | | |
| | ight Sewer Lin | | Seepage Pit | | | Fertilizer S | torage | e 🗌 Oil Well | l/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | - | ft. FHO. LOG (cont.) or 2 | DUCCIN | GINTEDVALS | |
| | 10 | L | | | TROM | 10 | | | LUUUIN | JINTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | NT / | | | | | | |
| | | | | | Notes: | | | | | | |
| | | | | | _ | | | | | | |
| 11 CONT | RACTOR'S | OR LANDO | WNER' | S CERTIFICATION | N: This wat | er well was | | onstructed. 🗌 reco | nstructed | or nlugged | |
| under my ju | urisdiction an | d was compl | eted on (n | no-day-year) | and | this record | l is tr | ue to the best of my | knowled | ge and belief. | |
| Kansas Wa | ter Well Con | tractor's Lice | ense No | This Wa | ater Well Re | ecord was co | omple | eted on (mo-day-ye | ar) | | |
| under the b | usiness name | of | WATED N | ELL OWNED and rates | <u></u> | oorda Ecc C | t5 00 | for anoh constmt-1- 1 | 1 | ····· | |
| 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. | | | | | | | | | | | |
| KS Department of Health and Environment, Bureau of water, Geology Section, 1000 Sw Jackson St., Suite 420, Topeka, Kansas 66612-1567. Telephone 785-296-5565. Visit us at http://www.kdbeks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | |

