KOLAR Document ID: 1482892

| WATER WELL R | | | WWC-5 ge in Well Use | | vision of Wat | | | Well ID | | |
|---|---|---|--------------------------------|--------------------------------------|---|--|------------------------|-----------|-----------------|--|
| Original Record Correction Chang LOCATION OF WATER WELL: | | | | Resources App. No. Section Number | | Township Numbe | | ge Number | | |
| County: | | | | | | | T S | R | $\Box E \Box W$ | |
| 2 WELL OWNER: La | Street or Ru | reet or Rural Address where well is located (if unknown, distance and | | | | | | | | |
| Business: | direction from | ection from nearest town or intersection): If at owner's address, check here: | | | | | | | | |
| Address: Address: | | | | | | | | | | |
| City: | | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | 4 DEDTH | OFCON | IDI ETED WELL. | f | Б. Т. 44 | . . | | | | |
| WITH "X" IN | Donth(a) Crown dwyston En countored (1) | | | | | t. 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | |
| SECTION BOX: N | | | Dry Well | | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | WELL'S ST | | | Source | Source for Latitude/Longitude: | | | | | |
| | | | yr) yr) | | \Box GPS (unit make/model:) | | | | | |
| NW NE | Pump test da | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | |
| W E | - | hours | | | □ Online Mapper: | | | | | |
| SW SE | Well water was ft. | | | | | | | | | |
| X | after Estimated Y | hours | gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| S | Bore Hole I | | ft. and | | Source: Land Survey GPS Topographic Map | | | | | |
| 1 mile | | in. to ft. | | | | □ Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID ag: how many wells? | | | | | | | | |
| ☐ Household □ Lawn & Garden | | | •••••• | | 11. Test Hole: well ID | | | | | |
| | | | | | 12. Geothermal: how many bores? | | | | | |
| 2. Irrigation | | |) | a) C | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | | |
| 3. ☐ Feedlot 4. ☐ Industrial | ☐ Air Sparge ☐ Soil Vapor Extrac | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| | | | | | | | | | | |
| 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 Stainless Steel Other (Specify) | | | | | | | | | | |
| 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 REPEOR ATED INTERVALS: From ft to ft ft to ft ft | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| Nearest source of possible | | | potential source of cont | | | | | 1.0 | | |
| □ Septic Tank □ Sewer Lines | | Lateral Line Cess Pool | es 🗌 Pit Privy 🗌 Sewage Lag | | Livestock Po Fuel Storage | | ☐ Insectic ☐ Abando | | | |
| ☐ Watertight Sewer Lin | | | ☐ Sewage Lag | | Fertilizer St | | | | | |
| Chter (Specify) | | | | | | | | | | |
| Direction from well? | | | | | | | | DLUCCD | | |
| 10 FROM TO | I | ITHOLO | GICLOG | FROM | TO | | HO. LOG (cont.) or | PLUGGIN | 5 IN IEKVALS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Notes: | | I | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 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 an Kansas Water Wall Con | d was compl | eted on (n | no-day-year) | ter Well De | this record | is tru | ted on (mo day ye | y knowled | ge and belief. | |
| under the business name | | | | | | | | | | |
| | Send one copy to | WATER W | /ELL OWNER and retain of | one for your rec | ords. Fee of \$ | 5.00 f | or each constructed we | 11. | | |
| 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 | | | | | | | | | | |