KOLAR Document ID: 1574926

| | WELL R | | - | WWC-5 | | | on of Wate | | | | | | |
|---|--|--|--|---------------------------------|------|---------------------------------|--|-------------|---------------------------------------|--------------|-------------------|--|--|
| | | Correction | | e in Well Use | | | ces App. N | 1 | | Well ID | | | |
| 1 LOCATION OF WATER WELL: Fraction County: 1/4 | | | | | | Sectio | on Numbe | er | Township Numb | | ige Number | | |
| county. | | | | | | Durol | $\frac{T S R \Box E \Box W}{\text{aral Address where well is located (if unknown, distance and }}$ | | | | | | |
| 2 WELL Business: | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | | |
| Address: | | | | uncetion ne | | | | | | | | | |
| Address: | | | a | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | . ft. | 5 Latit | ude: | | | (decimal degrees) | | |
| SECTION BOX . Depth(s) Groundwater Encountered: 1) | | | | | | | Longitude:(decimal degrees) | | | | | | |
| 1 | 2) ft. 3) ft., or WELL'S STATIC WATER LEVEL: | | | | | | | | Datum: 🗌 WGS 84 🔲 NAD 83 🗌 NAD 27 | | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | | | Latitude/Longitude | | `` | | |
| NW | NE | ☐ above land surface, measured on (mo day-yr) | | | | | | | | | | | |
| | | Pump test data: Well water was ft. | | | | □ Land Survey □ Topographic Map | | | | | (0) | | |
| w | E | after | after hours pumping | | | | Online Mapper: | | | | | | |
| SW | SE | often | Well water was ft. | | | | | | | | | | |
| | | | after hours pumping gpm Estimated Yield:gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | S | | Bore Hole Diameter: in. to ft | | | | Source: Land Survey GPS Topographic Mag | | | | opographic Map | | |
| 1 mile | | | in. to ft. | | | | □ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic | | | | | | | | | | | | | |
| | | | | ig: how many wells? | | | | | | | | | |
| | | | echarge: well ID g: well ID | | | | | | | | | | |
| | 2. □ Irrigation 9. Environmental Remediation: well 1 | | | | | | | | | | | | |
| 3. Eredlot Erivitoimental temediation: wen | | | | | | | | | | | | | |
| 4. 🗌 Industr | | | 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 ft. | | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel PVC 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) | | | | | | | | | | | | | |
| | | | | n ft. to | , | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | | |
| | | | | Cement grout Be | | | | | | | | | |
| | | it. to e contaminati | | ft., From | | | | •••• | ft. to | ft. | | | |
| | | | Lateral Line | | | | vestock Pe | ens | □ Insectio | cide Storage | | | |
| | | | Cess Pool | Sewage La | | | el Storage | | | oned Water | | | |
| | ight Sewer Lir | | | Feedyard | - | | rtilizer Sto | | i Oil We | ll/Gas Well | | | |
| Direction from well? ft. | | | | | | | | | | | | | |
| 10 FROM | TO TO | | ITHOLO | | FROM | | ТО | | ft. HO. LOG (cont.) or | | C INTEDVALS | | |
| IU PROM | 10 | Ł | | | TROM | | 10 | | 110. LOU (cont.) of | TLUUUIN | O INTERVALS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | Notes: | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| 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.gov/waterwel | | , , , , , , , , , , , , , , , , | | | | -P ` | , | | SA 82a-1212 | | |