KOLAR Document ID: 1404791

| | WELL R | | | WWC-5 | | ision of Wat | | | Well ID | | | |
|---|--|--|---------------------------|-------------------------|--|---|---|------------------------------|------------|----------------|--|--|
| | Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction | | | | | | | | | ao Numbor | | |
| 1LOCATION OF WATER WELL: County:Fraction1/41/41/4 | | | | | Section NumberTownship NumberRange NumberTSR \Box EW | | | | | | | |
| | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| Business: | | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | ······································ | | | | | |
| Address: | | | ~ | | | | | | | | | |
| City: | | 1 | State: | ZIP: | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLI | | | | IPLETED WELL: . | PLETED WELL: ft. | | | 5 Latitude:(decimal degrees) | | | | |
| | SECTION BOX Depth(s) Groundwater Encountered: 1) | | | | | Longitude:(decimal degrees) | | | | | | |
| | N 2) ft. 3) ft., or 4) \Box | | | | | | | WGS 84 🛛 NAD | | IAD 27 | | |
| | WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude/Longitude: | | | | | |
| NW | NE | | | yr) | | | NAAS enabled? | | | | | |
| NW | NE | Pump test data: Well water was ft. | | | | | | Survey | | .0) | | |
| w X | E | after hours pumping gp | | | gpm | | | Mapper: | | | | |
| SW | SF | Well water was ft. | | | | | | | | | | |
| | | after hours pumping gpm | | | | 6 Eleva | 6 Elevation:ft. Ground Level TOC | | | | | |
| | | Estimated Yield:gpm Bore Hole Diameter:in. to | | | ft and | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 m | | Doie Hole I | | | | | Other | | | | | |
| 1 mile in. to ft. Other 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | | | ter Supply: well ID | | 10. 🗖 O | Dil Fiel | d Water Supply: le | ase | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | 11. Test | 11. Test Hole: well ID | | | | | |
| | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | I: how many bores | | | | |
| 2. ☐ Irrigano 3. ☐ Feedlot | 2. □ Irrigation 9. Environmental Remediation: well ID . 3. □ Feedlot □ Air Sparge □ Soil Vapor Ex | | | | | a) Closed Loop Horizontal Vertical b) Open Loop Surface Discharge Inj. of Water | | | | | | |
| 4. Industrial Recovery Injection | | | | | Extraction | 13. Other (specify): | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? \Box Yes \Box 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 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) | | | | | | | | | | | | |
| \Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box None (Open Hole) | | | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| | rce of possible | | | | _ | T' / 1 D | | | 1.0 | | | |
| □ Septic 7 □ Sewer I | | | Lateral Line Cess Pool | es | | Livestock P Fuel Storage | | ☐ Insectic ☐ Abando | Ų | | | |
| | ght Sewer Lin | | Seepage Pit | | | Fertilizer St | | | | wen | | |
| □ Other (Specify) | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | ТО | I | ITHOLOG | GIC LOG | FROM | TO | LITI | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
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| | | | | | Notes: | L | 1 | | | | | |
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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 ju | irisdiction an | u was compl | leted on (n | no-day-year) | and ter Well Roc | unis record | 18 tru | e to the best of my | y knowledg | ge and belief. | | |
| | | | | This wa | | | | | | | | |
| | 5 | Send one copy to | o WATER W | ELL OWNER and retain of | one for your reco | ords. Fee of \$ | 65.00 fc | or each constructed wel | 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 | | | | | | | | | | | |
| Visit us at h | <u>up://www.kdhel</u> | s.gov/waterwel | 1/1ndex.html | | | | | | KS | SA 82a-1212 | | |