KOLAR Document ID: 1416484

| | WELL R | | | WWC-5 | | | ion of Wat | | | Well ID | | |
|--|---|--|--|---|---------------|--|--|--|---------------------------|-------------|--------------------------|--|
| Original Record Correcti LOCATION OF WATER V | | | | | | Resources App. No Section Number | | | | | ge Number | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | $\begin{array}{c c} T & S \\ T & S$ | | | | | | |
| 2 WELL OWNER: Last Name: First: St | | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | |
| Address: | | | | | direction fro | rection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: | | | a | | | | | | | | | |
| City: 3 LOCAT | F WFI I | | State: | ZIP: | | | | | | | | |
| | WITH "Y" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | Longitude: | | | | | |
| N | N | | 2) ft. 3) ft., or 4) □ Dry Well LL'S STATIC WATER LEVEL: ft. | | | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | | | unit make/model: | |) | |
| NW | NE | □ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. after hours pumping gpm | | | | | | (WAAS enabled? 🗌 Yes 🗌 No) | | | | |
| w | Е | | | | | | | | Survey 🔲 Topogra | | | |
| | | Well water was ft. | | | | | ☐ Online Mapper: | | | | | |
| SW | SE | after hours pumping gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | S | Estimated Yield:gpm Bore Hole Diameter:in. to ft. and | | | | | Source: Land Survey GPS Topographic Map | | | | | |
| 1 r | | in. to ft. | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | | |
| ☐ Housel ☐ Lawn d | | | 6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID | | | | | Hole: well ID Cased Uncased Geotechnical | | | | |
| | Livestock 8. Description | | | | | | 12. Geothermal: how many bores? | | | | | |
| | ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | | |
| | 3. □ Feedlot □ Air Sparge □ Soil Vapor 4. □ Industrial □ Recovery □ Injection | | | | | b) Open Loop Surface Discharge Inj. of Water 13. Other (specify): | | | | | | |
| 4 | | | | | | | | | | | | |
| Water well disinfected? Ves 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 Fiberglass PVC Other (Specify) | | | | | | | | | | | | |
| □ Statiliess Steel □ Fiberglass □ FVC □ Other (Specify) | | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | |
| | nuous Slot | Mill Slot | | | Forch Cut | Dri | lled Holes | | Other (Specify) | ••••• | | |
| | ered Shutter | ED INTERV | | \square in \square is \square in | | | ne (Open H | | | ft to | ft | |
| | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. o ft. | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| Nearest sou | | e contaminati | o n: No Lateral Line | potential source of co | | | in 200 ft. ivestock Pe | anc | | ide Storage | | |
| | | | Cess Pool | \square Sewage L | | | uel Storage | | | | | |
| U Waterti | ight Sewer Lir | nes 🗆 S | leepage Pit | ☐ Feedyard | C | | ertilizer Sto | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO TO | | ITHOLO | | FROM | | ТО | | It. HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| 10 1110111 | 10 | | | | 1110111 | | 10 | 211 | | 1200001 | <u>e intribit (fille</u> | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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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) | | | | | | | | | | | | |
| 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 constructed 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 | | , | | | - , | 1 | | | SA 82a-1212 | |