## KOLAR Document ID: 1417325

|  | WELL R  |                            |                                | WWC-5                      |                                | vision of Wat   |  |                                |                |                   |  |  |
|--|---|----------------------------|--------------------------------|----------------------------|--------------------------------|---|--|--------------------------------|----------------|-------------------|--|--|
|  |   | Correction                 |                                | ge in Well Use             |                                | ources App. ]   |  |                                | Well ID        |                   |  |  |
| <b>1 LOCATION OF WATER WELL:</b> Fraction  |   |                            |                                |                            | Section Number Township Number |   |  |                                | ige Number     |                   |  |  |
| County:         1/4         1/4         1/4           2         WELL OWNER: Last Name:         First:         S  |   |                            |                                |                            |                                | 1 4 1 1   |  |                                |                |                   |  |  |
| 2 WELL<br>Business:  |   | ast Name:                  |                                |                            |                                | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: |  |                                |                |                   |  |  |
| Address:   |   |                            |                                |                            | direction from                 | ection from hearest fown of intersection). If at owner's address, check here.   |  |                                |                |                   |  |  |
| Address:   |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| City:  |   |                            | State:                         | ZIP:                       |                                |   |  |                                |                |                   |  |  |
| <b>3 LOCATE WELL</b><br>WITH WY IN <b>4 DEPTH OF COMPLETED WELL:</b>   |   |                            |                                |                            |                                | 5 Latit   | nde.                                   |                                |                | (decimal degrees) |  |  |
|  | WITH "A" IN Donth(a) Groundwater Encountered: 1)    |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  | SECTION BOX:<br>N 2) ft. 3) ft., or                 |                            |                                |                            |                                |   |  | WGS 84 🗌 NAI                   |                | NAD 27            |  |  |
|  |   | WELL'S ST                  |                                |                            | Source                         | ce for  | Latitude/Longitude                     |                                |                |                   |  |  |
|  |   |                            | yr)                            |                            | GPS (unit make/model:)         |   |  |                                |                |                   |  |  |
| NW   | NE  | Pump test d                |                                | yr)                        |                                | (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map   |  |                                |                |                   |  |  |
| w  | Е   | -                          | hours                          |                            |                                |   |  |                                |                |                   |  |  |
|  | $\left  X_{\text{SE}} \right ^{1}$                  |                            | Well water was ft.             |                            |                                |   | Online Mapper:                         |                                |                |                   |  |  |
| SW   | SE  |                            | after hours pumping gpm        |                            |                                |   |  |                                |                |                   |  |  |
|  |   | Estimated Yield:gpm        |                                |                            |                                | 6 Elevation:ft. □ Ground Level □ TOC<br>Source: □ Land Survey □ GPS □ Topographic Map   |  |                                |                |                   |  |  |
|  | S<br>milo   | Bore Hole Diameter: in. to |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| 7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul>  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            | 6. Dewatering: how many wells? |                            |                                | 11. Test Hole: well ID  |  |                                |                |                   |  |  |
|  |   |                            | 7. Aquifer Recharge: well ID   |                            |                                |   | Cased Uncased Geotechnical             |                                |                |                   |  |  |
|  | Livestock 8. Monitoring: well ID                    |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  | 2. Irrigation 9. Environmental Remediation: well ID |                            |                                |                            |                                |   | a) Closed Loop 🔲 Horizontal 🗌 Vertical |                                |                |                   |  |  |
|  |   |                            |                                |                            | Extraction                     |   |  |                                |                |                   |  |  |
| 4. Industrial Recovery Injection 13. Other (specify):  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? $\Box$ Yes $\Box$ No If yes, date sample was submitted:   |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| <b>8 TYPE OF CASING USED:</b> 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 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)  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)<br>SCREEN-PERFORATED INTERVALS: From  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. to ft.   |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| Grout Intervals: From  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| Nearest sou  | rce of possibl                                      | e contaminati              | on: No                         | potential source of con    | tamination wi                  | thin 200 ft.  |  |                                |                |                   |  |  |
| Septic   |   |                            | Lateral Line                   |                            |                                | Livestock P   |  |                                | ide Storage    |                   |  |  |
| Sewer 2  |   |                            | Cess Pool                      | Sewage Lag                 |                                | Fuel Storage  |  |                                | oned Water     |                   |  |  |
|  | ight Sewer Lir                                      |                            |                                | ☐ Feedyard                 |                                | Fertilizer St   | orage                                  |                                | ll/Gas Well    |                   |  |  |
| Direction from well? ft.   |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| 10 FROM  | TO  |                            | ITHOLO                         |                            | FROM                           | TO  |  | HO. LOG (cont.) or             |                | G INTERVALS       |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  | +   |                            |                                |                            | Notes:                         | 1   | 1                                      |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
|  |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was a constructed, a 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. |   |                            |                                |                            |                                |   |  |                                |                |                   |  |  |
| under my ju  | urisdiction ar                                      | id was compl               | leted on (n                    | no-day-year)               | and                            | this record   | is tru                                 | te to the best of my           | y knowled      | ge and belief.    |  |  |
|  |   |                            |                                | This Wa                    |                                |   |  |                                |                |                   |  |  |
|  | usiness name  | Send one copy to           | WATER W                        | /ELL OWNER and retain of   | one for your rec               | ords. Fee of \$   | 5.00 f                                 | or each <u>constr</u> ucted we | <u></u><br>11. |                   |  |  |
| -  | nent of Health a                                    | nd Environment             | , Bureau of V                  | Water, Geology Section, 10 |                                |   |  |                                | 7. Telephone   |                   |  |  |
| Visit us at h  | ttp://www.kdhe                                      | ks.gov/waterwel            | l/index.html                   |                            |                                |   |  |                                | KS             | SA 82a-1212       |  |  |