KOLAR Document ID: 1568664

| | WELL R | | | WWC-5 | | | on of Wate | | | | | | |
|--|--|--|---|-----------------------|-----------|---|---|--|--------------------|--------------|-------------|--|--|
| | | Correction | | ge in Well Use | | | ces App. N | | | Well ID | | | |
| 1 LOCATION OF WATER WELL: | | | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | 1 | | | Township Numb | | nge Number | | | | |
| County 2 WELL | First: | | $\frac{1}{4}$ T S R E W Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | | |
| Business: | | | | | | | | rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | | | |
| Address: City: | | | State: | ZIP: | | | | | | | | | |
| 3 LOCATI | | - | | | | | | | | | | | |
| WITH "2 | | | | IPLETED WELL: | | | | | | | | | |
| SECTIO | | Depth(s) Groundwater Encountered: 1) 2) | | | | 11 | Longitude: | | | | | | |
| N | | WELL'S STATIC WATER LEVEL: | | | | | Source for Latitude/Longitude: | | | | | | |
| | | below land surface, measured on (mo-day-yr). | | | | | GPS (unit make/model:) | | | | | | |
| NW | NE | D above land surface, measured on (mo-day-yr). Pump test data: Well water was ft. | | | | | | | | | No) | | |
| w | E | after hours pumping | | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | | |
| $\left\ X_{SW} \right\ $ | | Well water was ft. | | | | | | | | | | | |
| | SE | after hours pumping | | | | 6 Elevation:ft. 	Ground Level 	TOC | | | | | | | |
| | | Estimated Yield:gpm Bore Hole Diameter:in. toft. | | | | | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 m | - | in. to ft. | | | | | | | Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | |
| 1. Domestic: | | 10. | | | | | | | | | | | |
| | | | 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID | | | | | | | | | | |
| | | | Aquifer Recharge: well ID | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | | | |
| | 2. □ Irrigation 9. Environmental Remediation: well II | | | | | | | | | | | | |
| 3. ☐ Feedlot | | e 🗌 Soil Vapor | Extraction | | | Open Loop 🗌 Surface Discharge 📋 Inj. of Water | | | | | | | |
| | 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: | | | | | | | | | | | | | |
| 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., Diameter ft., Diameter | | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | |
| □ Steel □ Stainless Steel □ PVC □ Other (Specify) | | | | | | | | | | | | | |
| Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Image: Comparison of the second sec | | | | | | | | | | | | | |
| □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify) | | | | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | | | | |
| | SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| | | | | n ft. to | | | | | | | | | |
| | | | | Cement grout Be | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | | |
| Septic 7 | Fank | | ateral Line | es 🗌 Pit Privy | | 🗌 Li | vestock Per | | | cide Storage | | | |
| Sewer I | | | Cess Pool | □ Sewage La | igoon | | iel Storage | | | oned Water | | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | | | |
| | | | | Distance from w | | | | | ft. | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | | | | HO. LOG (cont.) or | | G INTERVALS | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | Notes | : | I | | | | | | |
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| | | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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. | | | | | | | | | | | | | |
| Kansas Wat | ter Well Con | tractor's Lice | nse No | This Wa | ater Well | Recor | d was con | nple | ted on (mo-day-ye | ear) | | | |
| | usiness name | e 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 | | , Seology Section, IC | | | ., Sance 120, | - opc | | | SA 82a-1212 | | |