KOLAR Document ID: 1630953

| WATER WELL RECORD Form WWC-5 | | | | | | W 11 ID | | | |
|--|---|------------------------|--------------|-----------------------------|---|-------------|-------------|--|--|
| | | ge in Well Use | | sources App. N | | Well ID | NY 1 | | |
| 1 LOCATION OF | WATER WELL: | Fraction | | ection Numbe | 1 | | nge Number | | |
| County: | | 1/4 1/4 1/4 | | 1 4 1 1 | T S | | □ E □ W | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and | | | | | | | | | |
| Business: Address: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | State: | ZIP: | | | | | | | |
| 3 LOCATE WELL | 4 DEPEN OF COL | ADI EMED MELL | | c | _ | | | | |
| WITH "X" IN | 4 DEPTH OF COM | | | | | | | | |
| SECTION BOX: | Depth(s) Groundwater | | | Longitude:(decimal degrees) | | | | | |
| N | | 3) ft., or 4) [| | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| | WELL'S STATIC WATER LEVEL: | | | | Source for Latitude/Longitude: GPS (unit make/model:) | | | | |
| NIW NIE | | , measured on (mo-day- | | | | | | | |
| NW NE | Pump test data: Well w | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| | | s pumping | | Online Mapper: | | | | | |
| | | vater was f | | | | | | | |
| SW SE | after hours pumping gpm | | | (Florestion: | | | | | |
| | Estimated Yield: | | | | 6 Elevation: | | | | |
| S | Bore Hole Diameter: | | | Source | Source: Land Survey GPS Topographic Map | | | | |
| | 1 mile in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | l Field Water Supply: | | | | |
| Household | | ig: how many wells? | | | 11. Test Hole: well ID | | | | |
| _ | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | |
| | | | | | 12. Geothermal: how many bores? | | | | |
| 2. ☐ Irrigation3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extraction | | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | | |
| 4. ☐ Industrial | ☐ Recovery | | ZATIACTION | | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? No | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | |
| ☐ 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) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft., From ft., From ft., From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other. | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| | | | | | | | | | |
| Nearest source of possible contamination: No potential source of contamination within 200 ft. ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | | | |
| ☐ Sewer Lines | ☐ Cess Pool | ☐ Sewage La | _ | | | doned Water | | | |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | | | |
| Other (Specify) | | | | | | | | | |
| | | | | | | | | | |
| 10 FROM TO | LITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) | or PLUGGIN | G INTERVALS | | |
| | | | | | | | | | |
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| | | Notes: | | | | | | | |
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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) | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the business na | Send one convite WATER W | /FII OW/NED and matein | one for vore | pords For of #5 | 00 for each constructs 1 | vall | | | |
| 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. | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | |