KOLAR Document ID: 1515034

| | WELL R | ECORD Correction | | WWC-5 ge in Well Use | | vision of Wat | | | Well ID | | |
|---|---|--|--------------|--------------------------------|-------------------------------------|---|--|-----------------------------|--------------|----------------|--|
| | | | Fraction | | Resources App. No Section Number | | Township Numbe | | ge Number | | |
| 1 LOCATION OF WATER WELL:FractionCounty:1/41/41/4 | | | | | | | $\begin{array}{c c} T & S & R & \Box E & \Box W \\ \end{array}$ | | | | |
| | OWNER: La | ist Name: | | First: | | r Rural Address where well is located (if unknown, distance and | | | | | |
| Business: | | ist i tunie. | | 1 1150. | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | * | , | | |
| Address: City: | | | State: | ZIP: | | | | | | | |
| 3 LOCAT | F WFI I | | | | | | | | | | |
| WITH " | | | | f | | 5 Latitude:(decimal degrees) | | | | | |
| SECTIO | | Depth(s) Gr | | | Long | Longitude: | | | | | |
| N | 1 | 2) ft. 3) ft., or 4) □ Dry Well WELL'S STATIC WATER LEVEL: ft. | | | | | Datum: WGS 84 INAD 83 NAD 27 | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | | <u>Latitude/Longitude</u> : | | ` | |
| NW | NE | above land surface, measured on (mo-day-yr) | | | | | □ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | |
| | | Pump test data: Well water was ft. | | | | | □ Land Survey □ Topographic Map | | | | |
| w X | E | after hours pumping gpm | | | | | Online Mapper: | | | | |
| SW | SE | C. | vater was f | | | | | | | | |
| | 1 | after hours pumping gpm Estimated Yield:gpm | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | S | Bore Hole Diameter: in. to ft. a | | | | Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Map | | | | | |
| 1 n | | | | ft. | □ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | | | | ater Supply: well ID | | | | | | | |
| | | | | | | | e: well ID | | | | |
| \Box Lawn d | | | | | | Cased Uncased Geotechnical | | | | | |
| | □ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID | | | | | | 12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical | | | | |
| $3. \square$ Feedlot \square Air S | | | | | | | b) Open Loop \Box Surface Discharge \Box Inj. of Water | | | | |
| 4. 🗍 Industr | | | Recovery | | | 13. Other (specify): | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? \square Yes \square 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. | | | | | | | | | | | |
| 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. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From | | | | | | | | | | | |
| | rce of possible | | | potential source of con | | | 1 | | II. | | |
| Septic ' | | | Lateral Line | | | Livestock P | ens | Insectici | de Storage | | |
| Sewer 1 | | | Cess Pool | Sewage La | goon 🗌 | Fuel Storage | e | Abandor | | | |
| | ght Sewer Lin | | Seepage Pit | | | Fertilizer St | orage | e 🗌 Oil Well | l/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | π. ΓΗΟ. LOG (cont.) or l | PLUGGIN | GINTERVALS | |
| IU IROM | 10 | L | molo | | TROM | 10 | | | LUGOIN | SHTERTER | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | <u> </u> | | | | |
| | | | | | Natari | | <u> </u> | | | | |
| | | | | | Notes: | | | | | | |
| | | | | | | | | | | | |
| 11 CONT | RACTOR'S | OR LANDO | WNER' | S CERTIFICATION | N: This wat | er well was | Пс | onstructed. | nstructed | or plugged | |
| under my ju | urisdiction an | d was compl | eted on (n | no-day-year) | and | l this record | is tru | ue to the best of my | knowled | ge and belief. | |
| Kansas Wa | ter Well Con | tractor's Lice | ense No | This Wa | ater Well Re | cord was co | mple | eted on (mo-day-yea | ar) | | |
| under the b | usiness name | end one copy to | WATER W | /FLL OWNER and retain | one for your re- | cords Fee of [©] | | for each constructed well | <u></u> 1 | <u></u> | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> 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. | | | | | | | | | | | |
| - | ttp://www.kdhel | | | | | | • | | | SA 82a-1212 | |