KOLAR Document ID: 1528418

| | WELL R | ECORD Correction | | WWC-5 e in Well Use | | | vision of Wate sources App. N | | |] Well II | , | |
|--|---|---|---|------------------------|----------------------|---------------|---|---|----------------------------|--------------|-------------------|--|
| Original Record Correction Change 1 LOCATION OF WATER WELL: | | | Fraction | | | ection Number | | Township Numb | | lange Number | | |
| County: | | | 1/4 1/4 | 1/4 | | 1 | | | | □ E □ W | | |
| · | | | | | | Street or R | 1/4 T S R □ E □ W treet or Rural Address where well is located (if unknown, distance and | | | | | |
| | | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | , | | , | |
| Address: | | | | | | | | | | | | |
| City: | | 1 | State: | ZIP: | | | 1 | | | | | |
| | LOCATE WELL 4 DEPTH OF COMPLETED WEL | | | | I.: | ft. 5 Lat | | | | | (decimal degrees) | |
| | WITH "A" IN Depth(s) Groundwater Encountered | | | | | | | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | |
| | | | | | ft., or 4) Dry Well | | | | WGS 84 □ NAI | | | |
| | | WELL'S STATIC WATER LEVEL: | | | | | | Source for Latitude/Longitude: GPS (unit make/model: | | | | |
| | | below land surface, measured on (mo-day-yr | | | | -yr) | | | | | | |
| NW | NE | above land surface, measured on (mo-day-yr | | | | | | | | | | |
| | x ı l | Pump test data: Well water was ft. | | | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| w | E | after hours pumpinggr | | | | | | ☐ Online Mapper: | | | | |
| SW SE | | Well water was ft. | | | | | | | | | | |
| | 1 | after hours pumping gp | | | | gpm | 6 Eleva | 6 Elevation:ft. ☐ Ground Level ☐ TOC | | | | |
| | S | Estimated Yield:gpm Bore Hole Diameter:in. to | | | | ft and | | Source: Land Survey GPS Topographic | | | | |
| | ~ | | | | | | D 041 | | | | | |
| 1 mile in. to ft. Uother | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease 10. □ Oil Field Water Supply: lease | | | | | | | | | | | | |
| ☐ Household 6. ☐ Dewatering: how many well | | | | | | | | 11. Test Hole: well ID | | | | |
| ☐ Lawn d | | 7. Aquifer Recharge: well ID | | | | | | | | | | |
| Livesto | | 8. Monitoring: well ID | | | | | | | al: how many bores | | | |
| | | | | al Remediation: w | | | a) Closed Loop Horizontal | | | | | |
| 3. ☐ Feedlo | | ☐ Air Sparge ☐ Soil Vapor Ext | | | | | | b) Open Loop Surface Discharge Inj. of Water | | | | |
| 4. 🗌 Industr | rial | | Recovery | ☐ Injection | on | | 13. 🔲 O | ther | (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 diameter | | | | | | | | | | | | |
| Casing height above land surface | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| ☐ Steel ☐ Stainless 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) | | | | | | | | | | | | |
| | | | | | | | | | ft., From | | | |
| G: | RAVEL PAC | K INTERV | ALS: Fron | n ft. to | | ft., From | ft. t | o | ft., From | ft. | to ft. | |
| | | | | | | | | | | | | |
| | | | | . ft., From | | ft. to | ft., From | | ft. to | ft. | | |
| | rce of possible | | | potential source o | | | | | | | | |
| ☐ Septic | | | Lateral Line | | | | Livestock Pe | | ☐ Insection | | | |
| Sewer | | | Cess Pool | ☐ Sewag | | | Fuel Storage | | Aband | | | |
| | ight Sewer Lin | | | ☐ Feedy | | | Fertilizer Sto | orage | e 🔲 Oil We | II/Gas we | 311 | |
| Direction fro | opecity) om well? | ••••• | • | Distance fro | | ell? | | | ft. | | | |
| 10 FROM | TO | | ITHOLOG | | JIII W | FROM | ТО | | THO. LOG (cont.) or | | ING INTERVALS | |
| 10 11(01)1 | 10 | | | 220 200 | | 11(01)1 | 10 | 11 | .1.0. 200 (cont.) O | . 1 20 001 | IIIIIIIIII | |
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| | | | | | | Notes: | | | | | | |
| | | | | | | 110163. | | | | | | |
| | | | | | | + | | | | | | |
| 11 CONT | RACTOR'S | OR LANDO |)WNER'S | S CERTIFICAT | TON | V: This wat | er well was F | 7.00 | onstructed, \square reco | onstructe | d or nlugged | |
| | | | | | | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | |
| - | | | | Vater, Geology Section | on, 10 | 000 SW Jackso | n St., Suite 420, | Торе | eka, Kansas 66612-136 | | | |
| Visit us at h | ttp://www.kdhel | ks.gov/waterwel | 1/1ndex.html | | | | | | | J | KSA 82a-1212 | |