KOLAR Document ID: 1568711

| | | | | WWC-5 | | ision of Wat | | | Well ID | | | |
|--|--|---|--------------|--------------------------|--|--|--|-----------------------|-------------|---------------|--|--|
| | Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction | | | | | Resources App. No. Section Number Township Numb | | | | ao Numbor | | |
| | | | | | Section NumberTownship NumberRange NumberTSR \Box EW | | | | | | | |
| | | | | | | 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: | | | | | | | rection nonn nearest town of intersection). If at owner's address, check here. | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | | |
| 3 LOCAT | | 1 DEPTH | | IPLETED WELL: . | ft | 5 Lotif | 5 Latitude:(decimal degrees) | | | | | |
| | WITH "A" IN Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| | SECTION DOA. (1) ft (2) ft (2) ft (2) ft (2) | | | | | | | | | | | |
| 1 | N 2) N WELL'S STATIC WATER LEVEL: | | | | | Source for Latitude/Longitude: | | | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | GPS (unit make/model:) | | | | | |
| NW | NE | | | yr) | | | VAAS enabled? | | | | | |
| | | Pump test d | | | | Land Survey Topographic Map | | | | | | |
| W | Ε | after | hours | gpm | | Online | Mapper: | | | | | |
| SW | SE | Well water was ft. after hours pumping | | | | | | | | | | |
| | | Estimated Yield:gpm | | | gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | S | Bore Hole I | | ft. and | Source: Land Survey GPS Topographic Map | | | | | | | |
| 1 r | | in. to | | | | □ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | : | 5. 🗆 | Public Wa | ter Supply: well ID | | | | | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | 11. Test Hole: well ID | | | | | | |
| | Lawn & Garden 7. Aquifer Recharge: well ID | | | | | | Cased Uncased Geotechnical | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | 12. Geothermal: how many bores? | | | | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID. | | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | | | |
| | | | | | Extraction | b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify): | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \square Yes \square No \square Yes, date sample was submitted: | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$ | | | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. to ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From | | | | | | | | | | | | |
| | rce of possible | | | potential source of cont | | | 1 | 11. 10 | II. | | | |
| | | | Lateral Line | | | Livestock P | Pens | ☐ Insectic | ide Storage | | | |
| | | | Cess Pool | Sewage Lag | goon 🗌 | Fuel Storage | | | | | | |
| | | es 🔲 | Seepage Pit | ☐ Feedyard | | Fertilizer St | | | | | | |
| Other (Specify) | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | I | ITHOLOG | GIC LOG | FROM | TO | LITH | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
| | <u>├</u> | | | | | | | | | | | |
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| | | | | | Notes: | | 1 | | | | | |
| | | | | | 1.0000 | | | | | | | |
| | | | | | | | | | | | | |
| 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) and this record is true to the best of my knowledge and belief. | | | | | | | | | | | | |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year) under the business name of | | | | | | | | | | | | |
| under the b | usiness name | Send one convit | WATED W | ELL OWNER and retain o | ne for your rea | ords Fee of ¢ | 5 00 fo | r each constructed we | | | | |
| KS Departr | | | | | | | | | | 785-296-3565. | | |
| 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 | | | | | | | | | | | | |