KOLAR Document ID: 1503524

| | WELL R | ECORD Correction | | WWC-5 ge in Well Use | | vision of Wat ources App. | | | Well ID | | |
|--|---|---|---|--|---|--|--|--------------------|-------------|--------------|--|
| | | ATER WEL | | Fraction | | ction Numb | | Township Numb | | ge Number | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | | $\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$ | | | | |
| | | | | | | Street or Rural Address where well is located (if unknown, distance and lirection from nearest town or intersection): If at owner's address, check here: | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | |
| WITH " | | IPLETED WELL: . Encountered: 1) | | | | | | | | | |
| SECTIO | | | | п.] Dry Well | | Longitude: | | | | | |
| N | 1 | WELL'S ST | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | | | | |
| | | □ below la | and surface | ·yr) | | GPS (unit make/model:) | | | | | |
| NW | NE | | | yr) | | (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| | | - | Pump test data: Well water was ft. after hours pumping gpm | | | | □ Land Survey □ Topographic Map | | | | |
| W X | E | after | gpm t. | | Online Mapper: | | | | | | |
| SW | SE | after | | | | | | | | | |
| | | Estimated Y | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| - | S | Bore Hole D | | | Sour | Source: Land Survey GPS Topographic Map Other | | | | | |
| 1 n | 1 | | in. to ft. | | | | | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | |
| □ Household | | | | | | 11. Test Hole: well ID | | | | | |
| Lawn & | | | | | | □ Cased □ Uncased □ Geotechnical | | | | | |
| | | | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | |
| | 2. Irrigation 9. Environmental Remediation: well I | | | | | | a) Closed Loop 🔲 Horizontal 🗌 Vertical | | | | |
| 3. 🗌 Feedlot | | Air Sparge Soil Vapor Ext | | | | b) 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: | | | | | | | | | | | |
| □ 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., 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 | | | | | | | | | | | |
| | | | | ft., From | ft. to | ft., Fron | n | ft. to | ft. | | |
| | | le contaminati | | potential source of con | | | | | 1.0 | | |
| □ Septic 7 □ Sewer I | | | Lateral Line | | | Livestock P | | | ide Storage | | |
| Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | L | ITHOLO | GIC LOG | FROM | ТО | LIT | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | Notes: | | | | | | | | | |
| | | | | | | | | | | | |
| 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 Wa | ter Well Co | ntractor's Lice | ense No | This Wa | ater Well Re | cord was co | mple | ted on (mo-day-ve | ear) | , una benei. | |
| | usiness nam | e of | | | | | · · · · · · · · | | | | |
| KS Departm | | | | ELL OWNER and retain of Vater Geology Section 10 | | | | | | 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 | | | | | | | | | | | |