## KOLAR Document ID: 1520243

|  | R WELL R   | <b>ECORD</b><br>Correction      |  | <b>WWC-5</b><br>ge in Well Use |   | ivision of Wa  |   |                         | Well ID     |                |  |
|--|--|---------------------------------|--|--------------------------------|---|--|---|-------------------------|-------------|----------------|--|
|  |  | ATER WEL                        |  | Fraction                       |   | ection Num   |   | Township Numb           |             | ge Number      |  |
| County:  |  |                                 |  |                                | <sup>1</sup> / <sub>4</sub> <sup>1</sup> / <sub>4</sub> |  |   |                         | R           | □ E □ W        |  |
|  |  |                                 |  |                                |   | 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: |   |                         |             |                |  |
| City:  |  |                                 | State:   | ZIP:                           |   |  |   |                         |             |                |  |
| 3 LOCAT<br>WITH "  |  | <b>IPLETED WELL:</b>            |  |                                |   |  |   | (decimal degrees)       |             |                |  |
|  | ON BOX:  |                                 | Depth(s) Groundwater Encountered: 1)   |                                |   |  | Longitude:  |                         |             |                |  |
| 1  | N  | 2) ft. 3) ft., or 4) 	D         |  |                                |   | Datum: WGS 84 NAD 83 NAD 27<br>Source for Latitude/Longitude:  |   |                         |             |                |  |
|  | X  |                                 | below land surface, measured on (mo-day-yr)  |                                |   |  |   | (unit make/model:       |             | )              |  |
| NW   | NE   |                                 | y-yr)  |                                | (WAAS enabled? ☐ Yes ☐ No)                              |  |   |                         |             |                |  |
|  |  | -                               | Pump test data: Well water was ft.<br>after hours pumping gpm                                |                                |   |  | □ Land Survey □ Topographic Map   |                         |             |                |  |
| W  | E  | alter                           | Well water was ft.   |                                |   |  | Online Mapper:  |                         |             |                |  |
|  |  |                                 |  | s pumping                      | 6 Elo   | 6 Elevation: ft [Crownd Lavel ] TOC  |   |                         |             |                |  |
|  | S  |                                 | Estimated Yield:gpm<br>Bore Hole Diameter: in. to ft   |                                |   |  | 6 Elevation:ft. □ Ground Level □ TOC<br>Source: □ Land Survey □ GPS □ Topographic Map |                         |             |                |  |
|  | s<br>mile  | Dore Hole I                     | in. to f   |                                |   |  |   |                         |             |                |  |
| 7 WELL WATER TO BE USED AS:  |  |                                 |  |                                |   |  |   |                         |             |                |  |
| 1. Domestic  |  |                                 |  | ater Supply: well ID           |   |  |   |                         |             |                |  |
|  |  |                                 | <ul> <li>6. □ Dewatering: how many wells?</li> <li>7. □ Aquifer Recharge: well ID</li> </ul> |                                |   |  | 11. Test Hole: well ID<br>☐ Cased ☐ Uncased ☐ Geotechnical                            |                         |             |                |  |
|  |  |                                 |  | g: well ID                     |   |  | nal: how many bores   |                         |             |                |  |
| 2. 🗍 Irrigati  | 2. Irrigation 9. Environmental Remediation:  |                                 |  |                                |   | a) Closed Loop 🗌 Horizontal 🗌 Vertical   |   |                         | cal         |                |  |
| 3. Feedlot Air Sparge  |  |                                 |  | -                              |   | b) Open Loop 🗌 Surface Discharge 🗍 Inj. of Water   |   |                         |             |                |  |
| 4. Industrial       Recovery       Injection       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 in. to 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:  |  |                                 |  |                                |   |  |   |                         |             |                |  |
| $\Box$ Continuous Slot $\Box$ Mill Slot $\Box$ Gauze Wrapped $\Box$ Torch Cut $\Box$ Drilled Holes $\Box$ Other (Specify)  |  |                                 |  |                                |   |  |   |                         |             |                |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)<br>SCREEN-PERFORATED INTERVALS: From  |  |                                 |  |                                |   |  |   |                         |             |                |  |
| 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  | 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)<br>Direction from well? ft.  |  |                                 |  |                                |   |  |   |                         |             |                |  |
| 10 FROM  | TO   |                                 | ITHOLO   |                                | FROM  | TO   |   | THO. LOG (cont.) or     |             | G INTERVALS    |  |
|  |  |                                 |  |                                |   |  |   |                         |             |                |  |
|  |  |                                 |  |                                |   |  |   |                         |             |                |  |
|  |  |                                 |  |                                |   |  |   |                         |             |                |  |
|  |  |                                 |  |                                |   |  |   |                         |             |                |  |
|  |  |                                 |  |                                | Notes:  | 1  |   |                         |             |                |  |
|  |  |                                 |  |                                |   |  |   |                         |             |                |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged   |  |                                 |  |                                |   |  |   |                         |             |                |  |
| 11 CONT  | RACTOR'S   | OR LAND                         | WNER'S   | S CERTIFICATIO                 | N: This wa  | er well was  |   | onstructed, $\Box$ reco | nstructed,  | or plugged     |  |
| under my j<br>Kansas Wa  | urisdiction ai<br>iter Well Cor  | nd was compl<br>ntractor's Lice | eted on (n<br>ense No  | no-day-year)<br>               | an<br>/ater Well R                                      | u this record  | u is tr<br>omnle  | ue to the best of m     | y knowledge | ge and belief. |  |
|  | ousiness name  | e of                            |  |                                |   |  |   |                         |             |                |  |
|  |  | Send one copy to                | WATER W  | ELL OWNER and retair           | n one for your re                                       | cords. Fee of  | \$5.00  | for each constructed we | 11.         |                |  |
|  | 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.<br>Visit us at http://www.kdbeks.gov/waterwell/index.html KSA 82a-1212 |                                 |  |                                |   |  |   |                         |             |                |  |