KOLAR Document ID: 1559074

| | WELL R | | | WWC-5 te in Well Use | | vision of Wat | | | Well ID | | | |
|--|--|--|--------------------------------|-------------------------------------|--|--|--|------------------------------|-------------|----------------|--|--|
| | | | | Fraction | Resources App. No. Section Number | | | Township Number Range Number | | | | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | $\begin{array}{c c} Intermediation from standard from$ | | | | | | |
| 2 WELL | ast Name: | | First: | Street or Ru | treet or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: | | | | | direction from | rection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: Address: | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | |
| 3 LOCAT | E WELL | | OF COM | IDI ETED WELL. | | ст.44 | 4 | | | | | |
| | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | | | | ····· | | | | |
| | SECTION BOX: N $2) \dots \dots$ | | | | | Datu | Longitude: | | | | | |
| | ` | WELL'S STATIC WATER LEVEL: ft. | | | | | Source for Latitude/Longitude: | | | | | |
| | | | , measured on (mo-da | | | unit make/model: | | | | | | |
| X - _{NW} | NE | □ above land surface, measured on (mo-day-yr) Pump test data: Well water was ft. after hours pumping gpm | | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | | |
| w | Е | | | | | | | e Mapper: | | | | |
| | | Well water was ft. | | | | | | | | | | |
| SW | SE | after hours pumping gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| | s | Estimated Yield:gpm Bore Hole Diameter:in. to ft. a | | | | Source: Land Survey GPS Topographic Map | | | | | | |
| 1 n | | in. to ft. | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | | | ter Supply: well ID | | | | | | | | |
| Housel | | | | | | 11. Test Hole: well ID | | | | | | |
| | □ Lawn & Garden 7. □ Aquifer Recharge: well ID | | | | | | | | | | | |
| 2. Irrigati | □ Livestock 8. □ Monitoring: well ID □ Irrigation 9. Environmental Remediation: well ID | | | | | | 12. Geothermal: how many bores?a) Closed Loop □ Horizontal □ Vertical | | | | | |
| | \square Air Sparge \square Soil Vapor Ex | | | | | | 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: | | | | | | | | | | | | |
| Water well disinfected? Ves 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 in. to ft. 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) | | | | | | | | | | | | |
| □ 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. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | | | | |
| Nearest sou | rce of possible | | o n: No Lateral Line | potential source of co | | ithin 200 ft.] Livestock P | Dong | | ida Storaga | | | |
| | | | Cess Pool | \Box Fit Fitvy \Box Sewage L | | Fuel Storage | | | | | | |
| | ight Sewer Lin | | beepage Pit | | | Fertilizer St | | | | | | |
| Other (Specify) Direction from well? ft. | | | | | | | | | | | | |
| | | | | | | | | | DLUCCD | CINTEDNALS | | |
| 10 FROM | TO | L | ITHOLOG | JIC LUG | FROM | ТО | | HO. LOG (cont.) or | PLUGGIN | 5 INTERVALS | | |
| | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | |
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| | | | | | | | | | | | | |
| | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged | | | | | | | | | | | | |
| under my ju | urisdiction an | d was compl | eted on (n | no-day-year) | and | this record | is tru | ie to the best of my | knowled | ge and belief. | | |
| Kansas Wa | ter Well Con | tractor's Lice | ense No | This W | /ater Well Re | cord was co | omple | eted on (mo-day-ye | ar) | | | |
| under the b | usiness name | Send one copy to | WATER W | ELL OWNER and retain | none for your rea | ords Fee of \$ | | or each constructed wel | 1 | | | |
| KS Departm | | | | | | | | | | 2785-296-3565. | | |
| Visit us at h | ttp://www.kdhel | 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.kdbeks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | |