KOLAR Document ID: 1402184

| | | | | WWC-5 | | vision of Wate ources App. N | |] Well ID | | |
|--|--|---|--------------|--|--------|---|--|---------------|-----------------|--|
| | Original Record Correction Change in Well Use I LOCATION OF WATER WELL: Fraction | | | | | | ion Number Township Number Range Number | | | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | | $\begin{array}{c c} T & S & R & \Box E & W \\ \hline \end{array}$ | | | |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located | | | | | | | | | | |
| Business: | | | | | | ection from nearest town or intersection): If at owner's address, check here: | | | | |
| Address: | | | | | | | | | | |
| Address: City: | | | State: | ZIP: | | | | | | |
| 3 LOCAT | E WELL | 4.555 | | | | | _ | | | |
| | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | | | | | | |
| | EXAMPLE $(1, 2)$ for (2) for (2) | | | | | | | | | |
| N | | | | TER LEVEL: | | | Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude: | | | |
| | | | | , measured on (mo-day | | · G | PS (unit make/model: . | |) | |
| NW | | above land surface, measured on (mo-day-yr) | | | | | (WAAS enabled? | | 10) | |
| w | | Pump test data: Well water was ft. after hours pumping gpm | | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | |
| | | unterim | | vater was | | | inne wapper | | | |
| SW | SE | after hours pumping gpm | | | | 6 Flovo | 6 Elevation: ft Cround Level TOC | | | |
| | S | Estimated Y | | | 6 I | 6 Elevation:ft. □ Ground Level □ TOC Source: □ Land Survey □ GPS □ Topographic Map | | | | |
| 1 n | ~ | Bore Hole I | | in. to | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID 10. □ Oil Field Water Supply: lease | | | | | | | | | | |
| Househ | | 6. 🗌 |] Dewaterin | g: how many wells? | | 11. Test Hole: well ID | | | | |
| Lawn & | | | | echarge: well ID | | | Cased Uncased Geotechnical | | | |
| 2. Irrigati | ☐ Livestock 8. ☐ Monitoring: well ID ☐ Irrigation 9. Environmental Remediation: well ID | | | | | | 12. Geothermal: how many bores? a) Closed Loop □ Horizontal □ Vertical | | | |
| 3. G Feedlor | - 6 | | | | | | b) Open Loop \Box Surface Discharge \Box 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? 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 in. to ft. | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | |
| Steel Stainless Steel Fiberglass PVC Other (Specify) | | | | | | | | | | |
| □ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole) | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | |
| Continuous Slot I Mill Slot Gauze Wrapped Torch Cut I Drilled Holes Other (Specify) | | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | |
| | | e contaminati | | | | | _ | | | |
| | | | Lateral Line | | | Livestock Pe | | icide 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 | I | ITHOLOG | GIC LOG | FROM | TO | LITHO. LOG (cont.) of | or PLUGGIN | G INTERVALS | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | Notes: | | | | | |
| | | | | | | | | | | |
| 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 | | | | | | | | | | |
| under the b | usiness name | <u>e of</u> | WATED Y | | | ondo E COC | 00 for an -1 (1 | 1011 | | |
| KS Departm | | | | ELL OWNER and retain Vater, Geology Section, 10 | | | | | e 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 | | | | | | | | | | |