KOLAR Document ID: 1484733

| | WELL R | | | WWC-5 | | ision of Wat | | | Well ID | | | |
|--|---|------------------------|---------------------|--------------------------|---|--|---|-------------------------------|-------------|-------------|--|--|
| | Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction | | | | | esources App. No. Well ID Section Number Township Number Range Number | | | ge Number | | | |
| County: 1/4 1/4 1/4 | | | | | | $\begin{array}{c c} T & S & R & \Box E & \Box W \\ \hline \end{array}$ | | | | | | |
| 2 WELL OWNER: Last Name: First: S | | | | | | treet or Rural Address where well is located (if unknown, distance and irection from nearest town or intersection): If at owner's address, check here: | | | | | | |
| Address: | Address: Address: | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | | |
| | WITH "Y" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | |
| | SECTION BOX: Depth(s) Groundwater Encountered: 1) 2) ft. 3) ft., or 4) \Box | | | | | | | | | | | |
| N | | WELL'S ST | | | | | WGS 84 [] NAL Latitude/Longitude: | | AD 2/ | | | |
| | | | yr) | | GPS (unit make/model:) | | | | | | | |
| NW | NE | | | yr) | | | VAAS enabled? | | | | | |
| | | Pump test d | | | | Land Survey Topographic Map | | | | | | |
| W | E | after | hours Well v | | | Online | Mapper: | | | | | |
| X - sw | SE | after | wen v | | | | | | | | | |
| | | Estimated Y | | gpin | 6 Elevation:ft. Ground Level TOC | | | | | | | |
| S | | Bore Hole I | | ft. and | Source: Land Survey GPS Topographic Map | | | | | | | |
| 1 m | | in. to | | | ft. | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| | 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | | |
| | | | | | nany wells? | | | 11. Test Hole: well ID | | | | |
| | Lawn & Garden 7. Aquifer Recharge: well ID Livestock 8. Monitoring: well ID | | | | | | Cased Uncased Geotechnical 12. Geothermal: how many bores? | | | | | |
| 2. Irrigatio | | | | | | | | Loop [] Horizonta | | | | |
| 3. 🗌 Feedlot | - 6 | | | | | | b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water | | | | | |
| 4. 🗌 Industri | al | | 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 | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| | | | | | | | | , | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other ft. From | | | | | | | | | | | | |
| | | | | potential source of cont | | | 1 | | | | | |
| 🗌 Septic T | | | Lateral Line | | | Livestock P | ens | ☐ Insectic | ide Storage | | | |
| Sewer L | | | Cess Pool | 🔲 Sewage Lag | goon 🗌 | Fuel Storage | | 🗌 Abando | | Well | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | HO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | |] | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| ├ | | | | | Notes: | | 1 | | | | | |
| <u>├</u> | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTR | 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a 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) | | | | | | | | | | | | |
| Kansas Wat | er well Con isiness name | of | ense No | This Wa | uer well Kec | cord was co | mplet | eu on (mo-day-ye | ar) | | | |
| | S | Send one copy to | 9 WATER W | 'ELL OWNER and retain o | one for your reco | ords. Fee of \$ | 65.00 fc | or each <u>constructed</u> 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. Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | | |
| V1sit us at ht | tp://www.kdhek | <u>ks.gov/waterwel</u> | <u>1/1ndex.html</u> | | | | | | K | SA 82a-1212 | | |