KOLAR Document ID: 1424249

| | WELL R | ECORD Correction | | WWC-5 e in Well Use | | vision of Wa ources App. | | | Well ID | | |
|--|--|----------------------------|-------------|-------------------------------|---|--|---|--------------------|-------------|-------------|--|
| | | ATER WEL | | Fraction | | ction Numb | | Township Numbe | | ge Number | |
| County: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ | | | | | | | $\begin{array}{c c} T & S & R & \Box E & \Box W \end{array}$ | | | | |
| 2 WELL Business: Address: Address: City: | OWNER: L | | State: | First: ZIP: | | 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: | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | |
| | 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | |
| | SECTION BOA. (1) $f(x) = 2$ (1) $f(x) = 1$ | | | | | | | | | | |
| N | N 2) N WELL'S STATIC WATER LEVEL: | | | | | | | | | | |
| | | | | yr) | · 🗌 | | nit make/model: | |) | | |
| NW | NE | | | yr) | | | VAAS enabled? | | o) | | |
| wx | E | Pump test da after | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | | |
| | | | Well v | | | | | | | | |
| SW | SE | | hours | gpm | 6 Elevation:ft. Ground Level TOC | | | | | | |
| | S | Estimated Y Bore Hole D | | ft and | | Source: Land Survey GPS Topographic Map | | | | | |
| 1 n | ~ | Bole Hole L | | | bour | | | | | | |
| 1 mile in. to ft. Other | | | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID | | | | | | | | | | | |
| | □ Household 6. □ Dewatering: how mar | | | | | | 11. Test Hole: well ID | | | | |
| Lawn a | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID ☐ Livestock 8. ☐ Monitoring: well ID | | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | | |
| 2. Irrigati | £ | | | | | | a) Closed Loop \square Horizontal \square Vertical | | | | |
| 3. 🗌 Feedloo | 3. 🗌 Feedlot 🔅 🗌 Air Sparge 🔅 Soil Vapor H | | | | | b) (| b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water | | | | |
| 4. Industrial Recovery Injection | | | | | | 13. 🗌 C | 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 | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| □ Steel □ Stainless Steel □ Fiberglass □ PVC □ Other (Specify) | | | | | | | | | | | |
| Brass Galvanized Steel Concrete tile None used (open hole) | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | |
| | \Box Louvered Shutter \Box Key Punched \Box Wire Wrapped \Box Saw Cut \Box None (Open Hole) | | | | | | | | | | |
| | SCREEN-PERFORATED INTERVALS: From ft. to ft., From | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to 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. ft. ft. ft. ft. ft. ft. ft. ft. | | | | | | | | | | | |
| | | | ateral Line | | | Livestock P | Pens | ☐ Insectic | ide Storage | | |
| Sewer I | | | Cess Pool | | goon 🗌 | Fuel Storag | | | oned Water | Well | |
| | ght Sewer Li | | | ☐ Feedyard | | Fertilizer St | torage | 🗌 Oil Wel | l/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | TO | | HO. LOG (cont.) or | | G INTERVALS | |
| | | | | | | | | | | | |
| | | | | | - | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| No | | | | | | Notes: | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged | | | | | | | | | | | |
| under my in | 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 Coi | ntractor's Lice | nse No | This Wa | ter Well Re | cord was co | omplet | ed on (mo-day-ye | ear) | | |
| under the b | usiness nam | e of | WATED | ELL OWNED and ratain | | ondo E- CA | | | | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. 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 | | | | | | | | | | |