KOLAR Document ID: 1374652

| WATER WELL R | | | WWC-5 e in Well Use | | | sion of Wate arces App. N | | | Well ID | | |
|--|--------------------------------------|--|-------------------------------|---------------|--|---|---------|------------------------|-----------|----------------|--|
| | Original Record Correction Chang | | Fraction | | | ion Numbe | | | | ge Number | |
| County: | | | | 1/4 1/4 | ¹ ⁄4 T | | | - | R | | |
| | | | | | 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 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | Longitude:(decimal degrees) | | | | | |
| Ν | | 2) ft. 3) ft., or 4) □ I WELL'S STATIC WATER LEVEL: | | | | | | | | | |
| | below l | below land surface, measured on (mo-day-yr) | | | | GPS (unit make/model:) | | | | | |
| NW NE | | Dump test data: Well water was ft. | | | | (WAAS enabled? \Box Yes \Box No) | | | | | |
| | ~ | after hours pumping | | | | □ Land Survey □ Topographic Map □ Online Mapper: | | | | | |
| SW SE | | Well water was ft. | | | | | | | | | |
| | | after hours pumping | | | | 6 Elevation:ft. Ground Level TOC | | | | | |
| S | | Bore Hole Diameter: in. to | | | | Source: Land Survey GPS Topographic Map | | | | | |
| 1 mile | | in. to ft. | | | | | □ Other | | | | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | |
| Household | 6. Dewatering: how many wells? | | | | | | | | | | |
| 🗌 Lawn & Garden | 7. 🗌 Aquifer Recharge: well ID | | | | | Cased Uncased Geotechnical | | | | | |
| ☐ Livestock 2. ☐ Irrigation | | 8. Monitoring: well ID | | | | | | al: how many bores | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extra | | | | | a) Closed Loop | | | | | |
| 4. \Box Industrial \Box Recovery \Box Injection13. \Box Other (specify): | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box 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 | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Fiberglass PVC Other (Specify) | | | | | | | | | | | |
| □ Brass □ Galvanized Steel □ Concrete tile □ 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | |
| 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. to ft. Nearest source of possible contamination: | | | | | | | | | | | |
| Septic Tank | | Lateral Line | | | | Livestock Pe | | | 0 | | |
| 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? | | | | | | | | | DLUCCIN | | |
| 10 FROM TO | L | ITHOLOG | JIC LOG | FRO | M | TO | LII | HO. LOG (cont.) or | PLUGGIN | GINTERVALS | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | Notes | : | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged | | | | | | | | | | | |
| under my jurisdiction a | nd was compl | eted on (n | no-day-year) | | and th | his record i | is tru | e to the best of my | y knowled | ge and belief. | |
| Kansas Water Well Con | ntractor's Lice | ense No | This V | Vater Well | Reco | ord was con | mple | ted on (mo-day-ye | ear) | | |
| | Send one copy to | WATER W | ELL OWNER and retai | n one for you | r recor | ds. Fee of \$5 | 5.00 f | or 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. Visit us at http://www.kdbeks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | |