KOLAR Document ID: 1532135

| | WELL R | ECORD Correction | | WWC-5 ge in Well Use | | ivision of W sources App | | | Well ID | | |
|---|---|--|--|---|------------------------------------|---|--|--|-----------|-------------|--|
| | | ATER WEL | | Fraction | | ection Num | | Township Numb | | ge Number | |
| County: | | | | 1/4 1/4 1 | 1/4 1/4 | 1 0 | | | | □ E □ W | |
| Business: di | | | | | | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: Address: | | | | | | | | | | | |
| City: | | | State: | ZIP: | | | | | | | |
| 3 LOCAT | | ft. 5 Latitude :(decimal degrees) | | | | | | | | | |
| WITH " SECTIO | Depth(s) Gr | oundwater | ft. | | Longitude:(decimal degrees) | | | | | | |
| | N | | 2) ft. 3) ft., or 4) □ Dry V WELL'S STATIC WATER LEVEL: | | | | um: 🗌 |] WGS 84 🛛 NAI | D 83 🗌 N | IAD 27 | |
| | | | below land surface, measured on (mo-day-yr) | | | | | r Latitude/Longitude | | `` | |
| NW | NE | | above land surface, measured on (mo-day-yr) | | | | □ GPS (unit make/model:) (WAAS enabled? □ Yes □ No) | | | | |
| | | - | Pump test data: Well water was ft. after hours pumping gpm | | | | □ Land Survey □ Topographic Map | | | | |
| W | E | after | | | Online Mapper: | | | | | | |
| CW CE | | | | vater wass pumping | | | | | | | |
| | s | Estimated Y | 6 J | 6 Elevation:ft. □ Ground Level □ TOC <u>Source</u> : □ Land Survey □ GPS □ Topographic Map | | | | | | | |
| 1 r | - | Bore Hole I | It. and ft. | <u></u> | Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: 5. □ Public Water Supply: well ID | | | | | | | | | | | |
| | | | 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID | | | | 11. Test Hole: well ID | | | | |
| Livest | Livestock 8. Monitoring | | | g: well ID | | 12. Geothermal: how many bores? | | | | | |
| | 2. Irrigation 9. Environmental Remediation: v | | | | | | | | | | |
| 3. Eredlot Air Sparge 4. Industrial Recovery | | | | | Soil Vapor Extraction Injection | | | b) Open Loop □ Surface Discharge □ Inj. of Water 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 | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | |
| □ Steel □ Stainless Steel □ PVC □ Other (Specify) | | | | | | | | | | | |
| Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Image: Comparison of the sector of | | | | | | | | | | | |
| 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. to ft. to ft. | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft. o ft. o ft. o ft. | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | |
| Nearest source of possible contamination: No potential source of contamination within 200 ft. | | | | | | | | | | | |
| | | | Cess Pool | es | | Livestock | | | ned Water | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | | |
| Direction from well? ft. | | | | | | | | | | | |
| 10 FROM | TO | | ITHOLO | | FROM | ТО | | ΓΗΟ. LOG (cont.) or | PLUGGIN | G INTERVALS | |
| | | | | | | | | | | | |
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| | | | | | Notes: | | | | | | |
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| | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| Kansas Wa | iter Well Cor | itractor's Lice | ense No | This W | /ater Well R | ecord was c | omple | eted on (mo-day-ye | ear) | | |
| | usiness name | e of | | | | | | | | | |
| 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 h | ttp://www.kdhe | ks.gov/waterwel | l/index.html | | | | | | KS | SA 82a-1212 | |