KOLAR Document ID: 1596637

| | WELL R | | | WWC-5 | | vision of Wat | | | Well ID | | | |
|---|--|--|--------------|-------------------------------------|---------------------|--|---|-----------------------|-------------|----------------|--|--|
| Original Record Correction Change in W | | | | Resources App. No Section Number | | | Township Numb | | aa Numbar | | | |
| 1 LOCATION OF WATER WELL: Fraction County: 1/4 1/4 | | | | | | 1 0 | | | | | | |
| | | | | | | treet or Rural Address where well is located (if unknown, distance and | | | | | | |
| 2 WELL Business: | | | | | | | | | | | | |
| | Address: di | | | | | | irection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | | |
| City: State: ZIP: | | | | | | | | | | | | |
| 3 LOCAT | E WELL | | | | C. | | | | | | | |
| WITH " | X" IN | | | IPLETED WELL: . | | 5 Latitude:(decimal degrees) Longitude:(decimal degrees) | | | | | | |
| SECTIO | SECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | | | |
| N | ſ | 2) ft. 3) ft., or 4) □ Dry Well WELL'S STATIC WATER LEVEL: ft. | | | | Datum: 🗌 WGS 84 🔄 NAD 83 📄 NAD 27 | | | | | | |
| | | below land surface, measured on (mo-day-yr) | | | | | Source for Latitude/Longitude: | | | ` | | |
| | | above land surface, measured on (mo-day-yr) | | | | | ☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No) | | | | | |
| NW | NE | Pump test da | | | | | urvey | | 10) | | | |
| w | Е | - | hours | | | | Mapper: | | | | | |
| | | | Well v | | | | | | | | | |
| SW | se-X | after | hours | gpm | | | | - | | | | |
| | | Estimated Yield:gpm | | | | 6 Elevation:ft. 	Ground Level 	TC | | | | | | |
| 5 | | Bore Hole Diameter: in. to | | | ft. and | Source: \Box Land Survey \Box GPS \Box Topographic M | | | | | | |
| 1 n | | in. to | | | ft. | □ Other | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: | | | | ater Supply: well ID | | | | | | | | |
| | | | | g: how many wells? | | | well ID | | | | | |
| | | | | echarge: well ID | | | | | | | | |
| | Livestock 8. Monitoring: well ID | | | | | | | l: how many bores | | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID | | | | | | a) Closed Loop | | | | | |
| | | | Air Sparge | | Extraction | | b) Open Loop □ Surface Discharge □ Inj. of Water 13. □ Other (specify): | | | | | |
| | | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? \Box Yes \Box No If yes, date sample was submitted: | | | | | | | | | | | | |
| Water well disinfected? Ves 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 | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots \dots$ | | | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Deat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | | | | |
| | | e contaminati | | potential source of con | | | • • • • • • • • • • | 11. 10 | | | | |
| | | | Lateral Line | | | Livestock P | ens | □ Insectic | ide Storage | | | |
| Sewer I | | | Cess Pool | Sewage La | goon 🗌 | Fuel Storage | | | oned Water | | | |
| 🗌 Waterti | ght Sewer Lin | es 🗆 S | Seepage Pit | Feedyard | | Fertilizer St | | | ll/Gas Well | | | |
| Cher (Specify) | | | | | | | | | | | | |
| Direction fro | m well? | | | Distance from w | ell? | | | | | | | |
| 10 FROM | TO | I | ITHOLO | GIC LOG | FROM | TO | LITH | IO. LOG (cont.) or | PLUGGIN | G INTERVALS | | |
| | | | | | | | | | | | | |
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| | | | | | Notes: | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONT | RACTOR'S | OR LANDO | WNER'S | S CERTIFICATION | I: This wate | r well was | con | nstructed, 🗌 reco | nstructed, | or plugged | | |
| under my ju | risdiction an | d was compl | eted on (n | no-day-year) This Wa | and | this record | is true | e to the best of my | y knowled | ge and belief. | | |
| Kansas Wa | ter Well Con | tractor's Lice | ense No | This Wa | ater Well Rec | cord was co | omplete | ed on (mo-day-ye | ear) | | | |
| under the bi | usiness name | Send one convit | WATED W | /ELL OWNER and retain (| one for your rea | ords Fac of ¢ | | r each constructed ma | 11 | | | |
| 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. | | | | | | | | | | | | |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 783-296-3565. Visit us at http://www.kdbeks.gov/waterwell/index.html KSA 82a-1212 | | | | | | | | | | | | |