KOLAR Document ID: 1378494

| | WELL R | | | WWC-5 | | | vision of Wat | | | | | |
|--|---|--|---|------------------|---|---------------|--|--|-------------------------|---------------|-------------|--|
| | | Correction | | e in Well Use | | | sources App. 1 | | T 1: N 1 | Well ID | | |
| 1 LOCATION OF WATER WELL: County:Fraction1/41/4 | | | | | | 1/4 50 | ection Numb | tion Number Township Number Range Number T S R \Box E \Box W | | | | |
| county. | | | | | | | or Rural Address where well is located (if unknown, distance and | | | | | |
| 2 WELL Business: | ast Name: | | First: | | ection from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | |
| City: | | 1 | State: | ZIP: | | | | | | | | |
| 3 LOCAT | | 4 DEPTH | OF COM | IPLETED WE | LL: | | ft. 5 Latitude :(decimal degrees) | | | | | |
| WITH "X" IN SECTION BOX: | | | | | | ft. | ft. Longitude: | | | | | |
| | N 2) ft. 3) ft., or 4) \Box | | | | | | Datum: WGS 84 NAD 83 NAD 27 | | | | | |
| WELL'S STATIC WATER LEVEL: | | | | | | | | Source for Latitude/Longitude: | | | | |
| | | below land surface, measured on (mo-day-yr) above land surface, measured on (mo-day-yr) | | | | | | $\Box GPS (unit make/model:)$ | | | | |
| NW | NE | Pump test data: Well water was ft. | | | | | | (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map | | | | |
| w | E | - | after hours pumping | | | | | Online Mapper: | | | | |
| | | | Well water was ft. | | | | | | | | | |
| SW | $\mathbf{X}_{1}^{\text{SE}}$ | | after hours pumping gpm | | | | | 6 Elevation:ft. Ground Level TOC | | | | |
| | | | Estimated Yield:gpm Bore Hole Diameter: in. to f | | | | | | | | | |
| S Bore Hole | | | in. to | | | | $\square Other \dots$ | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | |
| 1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease | | | | | | | | | | | | |
| | ☐ Household 6. ☐ Dewatering: how many wells? | | | | | | | | | | | |
| | □ Lawn & Garden 7. □ Aquifer Recharge: wel | | | | | | | Cased Uncased Geotechnical | | | | |
| | | | | g: well ID | | | | | al: how many bores | | | |
| | 2. Irrigation 9. Environmental Remediation: well ID. | | | | | | | | | | | |
| 3. Example Feedlot Air Sparge Soil Vapor Ex 4. Industrial Recovery Injection | | | | | | xtraction | | 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: | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | |
| | □ 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. to ft. | | | | | | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | | | | |
| | | | | | | | | | ft. to | | | |
| | rce of possibl | | | | | | | | | | | |
| | | | Lateral Line | | | | Livestock P | | | cide Storage | | |
| | | | Cess Pool | □ Sewa □ Feed | | | Fuel Storage | | | oned Water | | |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify) | | | | | | | | | | | | |
| | Direction from well? | | | | | | | | | | | |
| 10 FROM | ТО | | LITHOLOG | | | FROM | TO | | THO. LOG (cont.) of | | G INTERVALS | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
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| | | | | | | Notors | | | | | | |
| | Notes: | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 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 | | | | | | | | | | | | |
| Kansas Wa | ter Well Con | tractor's Lic | ense No | Th | is Wat | er Well Re | ecord was co | mple | eted on (mo-day-y | ear) | | |
| under the b | usiness name | Send one conv t | OWATED W | FLI OWNED and | retain or | e for your re | cords Fee of ¢ | 5 00 4 | for each constructed we | <u></u> 11 | | |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed 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. | | | | | | | | | | | | |
| - | ttp://www.kdhe | | | | , | | | I. | | | SA 82a-1212 | |