KOLAR Document ID: 1582786

	WELL R		-	WWC-5			on of Wate							
		Correction		ge in Well Use			ces App. N			Well ID				
			Fraction		on Numbe	er	Township Numb		ige Number					
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S						Dural	$\begin{array}{c c c c c c c c c c c c c c c c c c c $							
2 WELL Business:		rection from nearest town or intersection): If at owner's address, check here:												
Address:	Address:													
Address:			a											
City:			State:	ZIP:										
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:						. ft.	5 Latit	ude:			(decimal degrees)			
SECTION BOX, Depth(s) Groundwat				Encountered: 1)			Longitude:(decimal degrees)							
1	Ν		2) ft. 3) ft., or 4) Dr WELL'S STATIC WATER LEVEL:				Datum: WGS 84 INAD 83 NAD 27							
			below land surface, measured on (mo-day-yr).						Latitude/Longitude		``			
NW	NF	above land surface, measured on (mo-day-yr) □ above land surface, measured on (mo-day-yr)												
		Pump test data: Well water was ft.					□ Land Survey □ Topographic Map							
w	E	after hours pumping					Online Mapper:							
SW	X SE	Well water was ft.				-								
		after hours pumping gpr Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC								
	S	Bore Hole Diameter: in. to					Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Ma							
1 r	nile	in. to f				□ Other								
7 WELL WATER TO BE USED AS:														
1. Domestic		10. Oil Field Water Supply: lease												
House House		 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID 												
				g: well ID					al: how many bores					
2. 🗌 Irrigati				al Remediation: well II					Loop Horizont					
	3. □ Feedlot □ Air Sparge □ Soil Vapor Ez						b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water							
4. 🗌 Industr		Recovery	Injection			13. 🗌 Other (specify):								
Was a chemical/bacteriological sample submitted to KDHE? Yes 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 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:														
Continuous Slot I 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														
GRAVEL PACK INTERVALS: From														
				ft., From										
		e contaminatio		o potential source of cor										
Septic			ateral Line				vestock Pe			cide Storage				
Sewer			Cess Pool	□ Sewage La			el Storage			oned Water				
	ight Sewer Lir			E Feedyard		L Fe	ertilizer Sto	orage		ll/Gas Well				
Direction from well? ft.														
10 FROM	TO			GIC LOG	FROM		TO		HO. LOG (cont.) or		G INTERVALS			
						\square								
						-								
						-								
						-								
	+				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														
under the business name 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.													
					000 SW Jack	son St.	, Suite 420,	Торе	eka, Kansas 66612-136					
Visit us at h	ttp://www.kdhe	ks.gov/waterwell	/index.html							KS	SA 82a-1212			