KOLAR Document ID: 1543366

	WELL R		-	WWC-5			on of Wate					
		Correction		e in Well Use			ces App. N			Well ID		
			Fraction		Sectio	on Number Township Num T S				ige Number		
County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: S						Durol	$\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:					uncetion ne							
Address:			a									
City:			State:	ZIP:								
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:						. ft.	5 Latit	ude:	:		(decimal degrees)	
	N BOX:		Encountered: 1)		Longitude:(decimal degrees)							
1	Ν		2) ft. 3) ft., or 4) \Box Dr VELL'S STATIC WATER LEVEL:									
			below land surface, measured on (mo-day-yr).						<u>Latitude/Longitude</u>		``	
NW	NE	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 X	E	after hours pumping					Online Mapper:					
SW	SE	often	Well water was ft.									
		after hours pumping gpn Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC						
	S	Bore Hole Diameter: in. to ft				Source: Land Survey GPS Topographic Map					opographic Map	
1 r	nile		in. to ft] Other			
7 WELL WATER TO BE USED AS:												
1. Domestic												
			6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID									
	□ Livestock 8. □ Monitoring: well ID 2. □ Irrigation 9. Environmental Remediation: well II								l Loop [] Horizont			
	3. Feedlot Air Sparge Soil Vapor						b) Open Loop \Box Surface Discharge \Box Inj. of Water					
4. 🗌 Industr	4. Industrial Recovery Injection							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 ft.												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Steinless Steel Other (Specify)												
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)											
				n ft. to								
				n ft. to								
				Cement grout Be								
		e contaminati	No	ft., From potential source of con	n. to	withi	. n., From n 200 ft	•••••	11. 10	II.		
Septic			Lateral Line				vestock Pe	ens	Insection	cide Storage		
Sewer			Cess Pool	Sewage La			el Storage			oned Water		
	ight Sewer Lii			☐ Feedyard		🗌 Fe	ertilizer Sto	orage	e 🗌 Oil We	ll/Gas Well		
Direction from well? ft.												
10 FROM	TO TO		ITHOLO		FROM		ТО		<u> п.</u> ТНО. LOG (cont.) от		G INTERVALS	
IU I KOM	10	L	molo		IROM		10		110. LOG (cont.) of	TLOGOIN	GINTERVILD	
					NT-4							
	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 This Water Well Record was completed on (mo-day-year)												
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.												
		ks.gov/waterwel					.,	r			SA 82a-1212	