KOLAR Document ID: 1473896

| | WELL R | | - | WWC-5 | | | on of Wate | | | | | |
|---|-------------------------|--|--|---------------------------|--------------|---|---|---|---------------------------|----------------|-------------------|--|
| | | Correction | | ge in Well Use | 1 | | ces App. N | | | Well ID | | |
| | | | Fraction | | on Numbe | Number Township Num T S | | | ige Number | | | |
| County: 1/4 1/4 1/4 2 WELL OWNER: Last Name: First: 5 | | | | | | Durol | T S R B W Iral Address where well is located (if unknown, distance and | | | | | |
| 2 WELL Business: | | rection from nearest town or intersection): If at owner's address, check here: | | | | | | | | | | |
| Address: | | | | | uncetion its | | | | | | | |
| Address: | | | State: | | | | | | | | | |
| City: | ZIP: | | | | | | | | | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | . ft. | 5 Latit | ude: | : | | (decimal degrees) | |
| SECTION BOX: Depth(s) Groundw | | | | er Encountered: 1) ft | | | Longitude:(decimal degrees) | | | | | |
| 1 | Ν | | 2) ft. 3) ft., or 4) □ D WELL'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. | | | | | \Box Land Survey \Box Topographic Map | | | | | |
| w X | E | after hours pumping | | | | | Online Mapper: | | | | | |
| SW | SE | often | Well water was ft. | | | | | | | | | |
| | | after hours pumping gpm 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 | | | | | | | | | | | | |
| ☐ House | | 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID | | | | | | de: well ID d Uncased Geotechnical | | | | |
| | | | | g: well ID | | | | | al: how many bores | | | |
| 2. 🗌 Irrigati | | | | al Remediation: well II | | | | | l Loop 🔲 Horizont | | | |
| | 3. Effective Soil Vapor | | | | | | 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 | | | | | | | | | | | | |
| | | | | Cement grout \square Be | | | | | | | | |
| | | | | ft., From | | | | | | | | |
| | | e contaminatio | on: No | potential source of cor | ntamination | within | n 200 ft. | | | | | |
| | | | ateral Line | | | | vestock Pe | | | cide Storage | | |
| Sewer | | | Cess Pool | □ Sewage La | | | iel Storage | | | oned Water | | |
| | ight Sewer Lir | | | ☐ Feedyard | | L Fe | ertilizer Sto | orage | | ll/Gas Well | | |
| Direction from well? ft. | | | | | | | | | | | | |
| 10 FROM | ТО | | ITHOLO | | FROM | | ТО | | THO. LOG (cont.) or | | G INTERVALS | |
| | | | | | | | | | | | | |
| | | | | | _ | | | | | | | |
| | | | | | _ | | | | | | | |
| | <u> </u> | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | 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 | |