KOLAR Document ID: 1613090

	WELL R		-	WWC-5			on of Wate						
		Correction		e in Well Use			ces App. N	1		Well ID			
			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section Numb			Township Numb		ige Number			
e ounity!						Durol	T S R B W ural Address where well is located (if unknown, distance and						
						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) Groundwater Encountered							Longitude:(decimal degrees)						
1	N		2) ft. 3) ft., or 4) \Box Dry ELL'S STATIC WATER LEVEL:				Datum: WGS 84 NAD 83 NAD 27						
			below land surface, measured on (mo-day-yr)						Latitude/Longitude		``		
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	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						
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 							cased Geotechnical				
									al: how many bores				
	□ Livestock 8. □ Monitoring: well ID 2. □ Irrigation 9. Environmental Remediation: well II								Loop [] Horizont				
	3. Feedlot Air Sparge Soil Vapor I						b) Open Loop 🗌 Surface Discharge 🔲 Inj. of Water						
4. 🗌 Industr			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 contaminatio		ft., From				•••••	11. 10	II.			
Septic			Lateral Line				vestock Pe	ens	☐ Insectio	cide Storage			
Sewer			Cess Pool	Sewage La			el Storage			oned Water			
	ight Sewer Lir			☐ Feedyard		🗌 Fei	rtilizer Sto	orage	Oil We	ll/Gas Well			
				Di-t					£.				
10 FROM	TO TO		ITHOLO	Distance from w	FROM		ТО		<u>π.</u> ΉΟ. LOG (cont.) or		G INTERVALS		
IU PROM	10	L	molo		TROM		10		110. LOG (cont.) of	LUCOIN	O INTERVALS		
	├ ───┤												
	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/waterwell		, , , , , , , , , , , , , , , ,		,	,	-P `	,		SA 82a-1212		