KOLAR Document ID: 1512595

	WELL R		-	WWC-5			on of Wate						
		Correction		ge in Well Use			ces App. N			Well ID			
			Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Sectio	on Numbe	er	Township Numb		ige Number			
county.						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:	Address:												
Address:			a	770									
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						Longitude:(decimal degrees)							
1	Ν		2) ft. 3) ft., or 4) Dr 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	E	after hours pumping					Online Mapper:						
SW Y -	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		10. Oil Field Water Supply: lease											
			 6. □ Dewatering: how many wells? 7. □ Aquifer Recharge: well ID 						: well ID				
									al: how many bores				
	□ Livestock 8. □ Monitoring: well ID 2. □ Irrigation 9. Environmental Remediation: well								l Loop [] Horizont				
	3. El Fiedlot El Air Sparge Soil Vapo												
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	n. to	withi	. п., гюш 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 Lir			☐ 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		IROW		10		110. LOG (cont.) of	LOOGIN	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		