KOLAR Document ID: 1641205

WATER WELL RECORD (WWC-5)

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

| Latitud | 2 | Longitude | Section | Township | Range | E W | Fraction | 1/4 | 1⁄4 | 1⁄4 |
|---------|---|-----------|---------|----------|-------|--------|----------|-----|-----|-----|
| Datum | | Elevation | County | | | | | | | |

WATER WELL OWNER

| Name | |
|-----------------------|--|
| Business | |
| Address | |
| Well location | |
| at owner's address | |

WELL WATER USE

| WELL INFORMATION | | |
|--------------------------------------------|-----|-----|
| Depth of well: | ft. | |
| Dry well | | |
| Static water level in well: | | ft. |
| measured below land surface on (mm/dd/yy): | | |
| measured above land surface on (mm/dd/yy): | | |

GROUT & PLUGGING MATERIALS

| PERMIT & ID NUMBERS (AS REQUIRED) | | | | | |
|-----------------------------------------|--|--|--|--|--|
| DWR Application No.: | | | | | |
| KDHE / EPA Project Code: | | | | | |
| Site Name: | | | | | |
| KDHE UIC Class V Form Completed: Yes No | | | | | |
| County Permit: Yes No Permit ID: | | | | | |
| Lease Name & Well #: | | | | | |
| # of boreholes: # of dewatering wells: | | | | | |

CASING

Type of blank casing used: ______ Casing type details: ______ Blank casing diameter: ______ inches Was casing removed? Yes No Top of casing is currently ______ feet ______ ground Reason required if top of casing is now less than 5 feet below ground surface for a hand dug well or less than 3 feet below ground surface for all other types of wells.

| Grout or Plugging interval (ft.) | | Material | Description | | | |
|-------------------------------------|--|----------|-------------|--|--|--|
| From To | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

| This water well was plugged pursuant to the stated water well contractor's license and was completed on | I certify that this | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|--|--|--|
| record is true to the best of my knowledge and belief. This water well record was completed on | under the business name of | | | | |
| , Kansas Water Well Contractor's License No. | under the | | | | |
| authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated | | | | | |
| person at its submittal | | | | | |

Send one copy to WATER WELL OWNER and retain one for your records.