KOLAR Document ID: 1722470

WELL ID

KOLAR DOC ID\_

| WATER | <b>14/FII</b>   | RECORD   | ()                            |
|-------|-----------------|----------|-------------------------------|
| WAIFR | $VV \vdash I I$ | KF(()KI) | ( \( \( \) \( \) \( \) ( -5 ) |
|       |                 |          |                               |

| Latitude   | Longitude   |  | Section                          |           | Township           | Range  | E<br>W Fraction                         | 1/4               | 1/4  | 1/4 |
|--|---|--|----------------------------------|-----------|--------------------|--|---|-------------------|------|-----|
| Datum  | Elevation   |  | County                           |           | •                  |  | , vv j                                  |                   |      |     |
| VATER WELL OWNER                                 |   | WELL   | WATER U                          | JSE       |                    |  | PERMIT & ID NUMBE                       | ERS (AS REQUIF    | RED) |     |
| Name   |   |  |                                  |           |                    |  | DWR Application No                      | n:                |      |     |
| Business   |   | WELL INFORMATION   |                                  |           |                    |  | KDHE / EPA Project Code:                |                   |      |     |
| Address  |   | Depth of well:ft.  |                                  |           |                    | Site Name:   |   |                   |      |     |
|  |   |  | Dry well                         |           |                    |  | KDHE UIC Class V Form Completed: Yes No |                   |      |     |
| Well location                                    | m   | Static water level in well: ft.  measured below land surface |                                  |           |                    | County Permit: Yes No Permit ID:  Lease Name & Well #:  # of boreholes: # of dewatering wells: |   |                   |      |     |
| at owner's<br>address                            | m   | on (mm/dd/yy):  measured above land surface on (mm/dd/yy):   |                                  |           |                    |  |   |                   |      |     |
| ASING  |   | GROU   | T & PLU                          | GGING N   | MATERIALS          |  |   |                   |      |     |
| Type of blank casing used:  Casing type details: |   | _ Gı   | Grout or Plugging interval (ft.) |           | Material           |  | Description                             |                   |      |     |
| Blank casing diameter                            |   | Fro  | om                               | То        |                    |  |   |                   |      |     |
| Was casing removed?                              |   |  |                                  |           |                    |  |   |                   |      |     |
| Top of casing is currer                          | ntlyfeet<br>ground  |  |                                  |           |                    |  |   |                   |      |     |
| feet below ground sur                            | of casing is now less than 5<br>face for a hand dug well or<br>ground surface for all other |  |                                  |           |                    |  |   |                   |      |     |
| types of wells.                                  |   | СОММ   | COMMENTS                         |           |                    |  |   |                   |      |     |
|  |   |  |                                  |           |                    |  |   |                   |      |     |
| CONTRACTOR'S OR L                                | ANDOWNERS CERTIFICAT  | ION  |                                  |           |                    |  |   |                   |      |     |
| This water well was                              | plugged pursuant to the   | stated water   | well co                          | ntractor' | 's license and was | s completed  | l on                                    | I certify that tl | his  |     |
| record is true to the                            | best of my knowledge ar   |  |                                  |           | =                  |  | under the<br>License No                 |                   |      |     |

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

person at its submittal