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| WATER WEL  |                                       |                      | Form V        |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
|--|---------------------------------------|----------------------|---------------|--|------------------------------|--|--------------------------------------|---|---------------|--|-------------|-----------|--------------------|-------|--|--|
| Original Record  |                                       | Correction           |               | e in Well  |                              |  |                                      | urces App. N  |               |  | Well I      |           |                    |       |  |  |
| 1 LOCATION OF WATER WELL:  |                                       |                      | Fraction      |  |                              | Section Number   |                                      |   | Township Numb |  |             |           |                    |       |  |  |
| County:  |                                       |                      | 1/4           | 1/4 1  |                              |  | T S                                  | R   |               |  | $\square$ W |           |                    |       |  |  |
| 2 WELL OWNER: Last Name:   |                                       |                      |               | First:   |                              |  |                                      | r Rural Address where well is located (if unknown, distance and |               |  |             |           |                    |       |  |  |
| Business:<br>Address:  |                                       |                      | direction     | from nearest town or intersection): If at owner's address, check here: |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| Address:   |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| City:  |                                       |                      | State:        | ZIP:   |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| 3 LOCATE WEL   | DI ETE                                | n wei i .            |               | £.   | 5 Latitude:(decimal degrees) |  |                                      |   |               |  |             |           |                    |       |  |  |
| WITH "X" IN  | WITH "A" IN Donth (a) Crown dwystan I |                      |               |  | PLETED WELL: ft.             |  |                                      |   | Longitude:    |  |             |           |                    |       |  |  |
| SECTION BOX  | ) ft., or 4) \( \square\) Dry Well    |                      |               |  | Datum: WGS 84 NAD 83 NAD 27  |  |                                      |   |               |  |             |           |                    |       |  |  |
| N  | TER LEVEL: ft.                        |                      |               |  |                              |  | Latitude/Longitude                   |   | ] 11/         | AD 21                                  |             |           |                    |       |  |  |
|  | , measured on (mo-day-yr)             |                      |               |  |                              |  | unit make/model:                     |   |               |  | )           |           |                    |       |  |  |
| NW -X NE -   | measured on (mo-day-yr)               |                      |               |  | (                            |  |                                      |   |               |  |             |           |                    |       |  |  |
|  | Pump test data: Well w                |                      |               |  |                              |  |                                      |   |               | ☐ Land Survey ☐ Topographic Map        |             |           |                    |       |  |  |
|  |                                       |                      |               | pumping gpm<br>vater was ft.   |                              |  |                                      | ☐ Online Mapper:  |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               | pumping gpm  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| Estimated Yield:   |                                       |                      |               |  |                              |  | 6 Elevation:ft. ☐ Ground Level ☐ TOC |   |               |  |             |           |                    |       |  |  |
| S Bore Hole Diameter:  |                                       |                      |               | ı. to  | ft. and                      |  | Source: Land Survey GPS Top          |   |               |  |             |           |                    |       |  |  |
| 1 mile   |                                       |                      |               | in. to ft.   |                              |  |                                      | ☐ Other   |               |  |             |           |                    | ••••• |  |  |
|  | 7 WELL WATER TO BE USED AS:           |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| 1. Domestic:   |                                       |                      |               |  | y: well ID                   |  |                                      |   |               | eld Water Supply: le                   |             |           |                    |       |  |  |
| ☐ Household 6. ☐ Dewaterin   |                                       |                      |               |  |                              |  |                                      |   |               | : well ID                              |             |           |                    |       |  |  |
| ☐ Lawn & Garden 7. ☐ Aquifer Re☐ Livestock 8. ☐ Monitorin  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| 2. ☐ Irrigation  |                                       |                      | ation: well l |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| 3. ☐ Feedlot   | Air Sparge                            |                      | Soil Vapor    |  |                              | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. o |                                      |   |               |  |             | Vater     |                    |       |  |  |
| 4. ☐ Industrial  |                                       |                      | Recovery      |  | Injection                    |  |                                      |   |               | (specify):                             |             |           |                    |       |  |  |
| Was a chemical/b   | pacteriol                             | ogical san           | nnle subm     | itted to   | KDHE?                        | l Yes □  | Nο                                   |   |               | nple was submitte                      |             |           |                    |       |  |  |
| Water well disinfe   |                                       |                      |               | itted to   | IIDIII.                      | 1105 🗀   | 110                                  | 11 900, auto  |               | inpre was saemine                      | <b>G.</b>   | ••••      |                    |       |  |  |
| 8 TYPE OF CAS  |                                       |                      |               | C □ Oth  | er                           | C  | ASIN                                 | G JOINTS  | : П           | Glued  Clamped                         | 1 □ Wel     | ded       | ☐ Thr              | eaded |  |  |
| Casing diameter  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           | _                  |       |  |  |
| Casing height above  |                                       |                      |               |  |                              |  |                                      |   |               | or gauge No                            |             |           |                    |       |  |  |
| TYPE OF SCREE  |                                       |                      | TON MAT       | <b>TERIAL</b>  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)  |                                       |                      |               |  |                              |  |                                      |   |               |  |             | •••       |                    |       |  |  |
|  |                                       | ized Steel           | NINIOG AT     | NE.  | ☐ None                       | used (oper   | n hole)                              | )   |               |  |             |           |                    |       |  |  |
| SCREEN OR PER  ☐ Continuous Sl   |                                       | TON OPE<br>Mill Slot |               |  | n od □ ⊓                     | Sanah Cut  | □ D                                  | illad Halas   |               | Other (Specify)                        |             |           |                    |       |  |  |
| ☐ Louvered Shu   |                                       |                      |               | uze Wrap<br>ire Wrapr  |                              |  |                                      | one (Open H   |               |  |             | • • • • • | •••••              | • •   |  |  |
| SCREEN-PERFO   | RATED                                 | INTERV/              | ALS: From     | iic wrapp  | ft to                        |  |                                      |   |               |  | ft.         | to        |                    | ft.   |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               | ft., From                              |             |           |                    |       |  |  |
| 9 GROUT MAT  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| Grout Intervals: Fro   |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| Nearest source of p  | ossible c                             |                      |               |  | source of co                 | ntaminatio   |                                      |   |               |  |             |           |                    |       |  |  |
| ☐ Septic Tank  |                                       |                      | Lateral Lines |  | Pit Privy                    |  |                                      | Livestock Pe  |               | ☐ Insection                            |             |           |                    |       |  |  |
| ☐ Sewer Lines     ☐ Cess Pool     ☐ Sewage Lagoon     ☐ Fuel Storage     ☐ Abandoned Water Well       ☐ Watertight Sewer Lines     ☐ Seepage Pit     ☐ Feedyard     ☐ Fertilizer Storage     ☐ Oil Well/Gas Well |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| Other (Specify)  |                                       |                      | Seepage Pit   |  | ☐ Feedyard                   |  | П г                                  | rerunzer Sto  | rage          | : □ On we                              | II/Gas w    | en        |                    |       |  |  |
| Direction from well?   | ?                                     |                      |               | Dis  | stance from v                | <br>well?  |                                      |   |               | ft.                                    |             |           |                    |       |  |  |
| 10 FROM TO   |                                       |                      | ITHOLOG       |  |                              | FRO  |                                      |   |               | HO. LOG (cont.) or                     |             | INC       | INTE               | RVALS |  |  |
|  |                                       |                      |               |  | - <del></del>                |  |                                      |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              | Note   | S:                                   |   |               |  |             |           |                    |       |  |  |
|  |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| 11 CONTRACTO   | ODICO                                 | DIANDO               | WNED'S        | CEDT   | EICATIO                      | N. This  | wotor                                | woll was 5  | 7             | netruoted Dree-                        | mater at-   | <u></u>   | <u>,, □ -1</u>     | uggad |  |  |
| under my jurisdict   |                                       |                      |               |  |                              |  |                                      |   |               |  |             |           |                    |       |  |  |
| Kansas Water Wel   | ell Contra                            | ictor's Lice         | ense No       | y-y(   | This W                       | ater Wel   | Reco                                 | ord was cor   | nple          | eted on (mo-day-v                      | ear)        |           |                    |       |  |  |
| under the business   | s name o                              | <u>f</u>             |               | <u></u> .  |                              |  | <u></u> .                            |   |               | ······································ | <u></u> .   | <u></u> . | <u></u> .          |       |  |  |
| Wa D   | Sen                                   | d one copy to        | WATER WI      | ELL OWN  | IER and retain               | one for you  | ır recor                             | rds. Fee of \$5   | .00 f         | or each constructed we                 | all.        |           | <b>705.3</b> 0 -   | 25.55 |  |  |
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