KOLAR Document ID: 1473470

| WATER WELL RECORD FORM WWC-5  ☐ Original Record ☐ Correction ☐ Change in Well Use  |                            |                             |                                    |                          |                                   |                                 | Division of Water                         |  |                     |            |              |   |  |  |
|--|----------------------------|-----------------------------|------------------------------------|--------------------------|-----------------------------------|---------------------------------|---|--|---------------------|------------|--------------|---|--|--|
|  |                            |                             | e in Well Use                      |                          |                                   |                                 | irces App. N                              |  | т1.                 |            | Well ID      | NII                                     |  |  |
| 1 LOCATION OF WATER WELL: County:  |                            |                             | Fraction 1/4 1/4 1/4 1/4           |                          |                                   | Sect                            | ion Numbe                                 | er   | Township Number T S |            |              | Range Number R □ E □ W                  |  |  |
| •  | First:                     | /                           |                                    | r Diire                  | al Addrage                        | whor                            |   |  |                     |            |              |   |  |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:   |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| Address:   |                            |                             |                                    |                          | direction                         | TOIII IIC                       | carest town of                            | inter  | ection). If a       | t owner i  | , address, c | леск пеге.                              |  |  |
| Address: City: State: ZIP:   |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| City:  |                            | 1                           |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL  |                            |                             |                                    |                          |                                   | ft.   5 Latitude:(decimal degre |   |  |                     |            |              | (decimal degrees)                       |  |  |
| WITH "2<br>SECTIO  |                            |                             | Encountered: 1) ft.                |                          |                                   |                                 | Longitude:(decimal degrees)               |  |                     |            |              |   |  |  |
| SECTION N  | 3) ft., or 4) 🗌 Dry Well   |                             |                                    |                          | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 |                                 |   |  |                     |            |              |   |  |  |
| WELL'S STATIC WA   |                            |                             | ATER LEVEL: ft.                    |                          |                                   |                                 | Source for Latitude/Longitude:            |  |                     |            |              |   |  |  |
|  |                            |                             | ace, measured on (mo-day-yr)       |                          |                                   |                                 | ()  |  |                     |            |              |   |  |  |
|  |                            |                             | , measured on (mo-day-yr)          |                          |                                   |                                 | (WAAS enabled? ☐ Yes ☐ No)                |  |                     |            |              |   |  |  |
| Pump test data: Well w   |                            |                             | s pumping gpm                      |                          |                                   |                                 | ☐ Land Survey ☐ Topographic Map           |  |                     |            |              |   |  |  |
|  |                            |                             | vater was ft.                      |                          |                                   |                                 | ☐ Online Mapper:                          |  |                     |            |              |   |  |  |
| CTT CT   |                            |                             | s pumping gpm                      |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             | mated Yield:gpm                    |                          |                                   |                                 |   | 6 Elevation:ft. Ground Level TOC               |                     |            |              |   |  |  |
| S  |                            | Bore Hole Diameter:         | er: in. to ft. and                 |                          |                                   |                                 | Source:   Land Survey GPS Topographic Map |  |                     |            |              |   |  |  |
| 1 m  |                            |                             | in. to ft.                         |                          |                                   |                                 | Other                                     |  |                     |            |              |   |  |  |
|  | VATER TO                   | BE USED AS:                 |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| 1. Domestic:   |                            | 5. Public Wa                |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             | g: how many wells?echarge: well ID |                          |                                   |                                 | 11. Test Hole: well ID                    |  |                     |            |              |   |  |  |
| ☐ Lawn & Garden 7. ☐ Aquifer Re ☐ Livestock 8. ☐ Monitorin;  |                            |                             |                                    |                          | ☐ Cased ☐ Uncased ☐ Geotechnical  |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          | 12. Geothermal: how many bores?   |                                 |   |  |                     |            |              |   |  |  |
| 3. ☐ Feedlot   |                            |                             |                                    | al Remediation: well IDe |                                   |                                 |   | b) Open Loop  Surface Discharge  Inj. of Water |                     |            |              |   |  |  |
| 4. ☐ Industrial ☐ Recovery   |                            |                             | ☐ Injection                        |                          |                                   |                                 | 13. Other (specify):                      |  |                     |            |              |   |  |  |
| Was a chemical/bacteriological sample submitted to KDHE?  \[ \subseteq \text{Yes} \] No If yes, date sample was submitted:   |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            | ☐ Yes ☐ No                  | nited to IXDII                     | ш                        | 1105                              | 110                             | 11 yes, auc                               | o sum  | ipie was sa         | ommitted   |              |   |  |  |
|  |                            | USED: Steel PV              | C 🗆 Other                          |                          | С                                 | ASIN                            | G IOINTS                                  |  | Glued □ C           | lamned     | □ Welder     | <br>l □ Threaded                        |  |  |
|  |                            | in. to ft.,                 |                                    |                          |                                   |                                 |   |  |                     |            |              | imeaded                                 |  |  |
|  |                            | surface in                  |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            | PERFORATION MAT             |                                    |                          |                                   |                                 |   |  | 88.                 |            |              |   |  |  |
| ☐ Steel  |                            | iless Steel                 |                                    | PVC                      |                                   |                                 | ☐ Oth                                     | ner (S   | pecify)             |            |              |   |  |  |
| ☐ Brass  |                            | anized Steel                |                                    | None                     | used (oper                        | hole)                           | )   |  |                     |            |              |   |  |  |
|  |                            | ATION OPENINGS AI           |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| Contin   |                            |                             | auze Wrapped                       |                          |                                   |                                 |   |  | Other (Speci        | fy)        |              |   |  |  |
|  |                            | ☐ Key Punched ☐ W           |                                    |                          |                                   |                                 | one (Open H                               |  | 6 F                 |            | 6            | C.                                      |  |  |
|  |                            | ED INTERVALS: From          |                                    |                          |                                   |                                 |   |  |                     |            | ft. to       |   |  |  |
|  |                            | CK INTERVALS: From          |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            | L: Neat cement              |                                    |                          |                                   |                                 |   |  |                     |            |              | • |  |  |
|  |                            | e <b>contamination:</b> No  |                                    |                          |                                   |                                 |   | •••••  | II. to              | •••••      | It.          |   |  |  |
| Septic 7   |                            | Lateral Line                |                                    |                          | mammano                           |                                 | ini 200 it.<br>Livestock Pe               | ns   | П                   | Insecticio | de Storage   |   |  |  |
| ☐ Sewer L  |                            | ☐ Cess Pool                 |                                    |                          | agoon                             |                                 | Fuel Storage                              |  |                     |            | ied Water V  |   |  |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well   |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| ☐ Other (Specify)  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  | from v                     | vell?                       |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| 10 FROM  | TO                         | LITHOLOG                    | GIC LOG                            |                          | FRO                               | M                               | TO  | LITE   | HO. LOG (co         | ont.) or F | LUGGIN!      | G INTERVALS                             |  |  |
|  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          | <b>X</b> .                        |                                 |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          | Notes                             | :                               |   |  |                     |            |              |   |  |  |
|  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| 11 CONTRACTORIS OR LANDOWNERS CERTIFICATION. This are a second of the se |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| 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)  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| Kansas Wat   | er Well Con                | tractor's License No        | T                                  | This W                   | ater Well                         | Reco                            | ord was cor                               | nnlet  | ed on (mo-          | dav-vea    | ır)          | 50 and bener.                           |  |  |
| under the bu   | under the business name of |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.  |                            |                             |                                    |                          |                                   |                                 |   |  |                     |            |              |   |  |  |
|  |                            | nd Environment, Bureau of W | Vater, Geology Se                  | ection, 1                | 000 SW Jac                        | kson S                          | St., Suite 420,                           | Topel  | ka, Kansas 66       | 612-1367.  |              |   |  |  |
| Visit us at ht   | tp://www.kdhel             | ks.gov/waterwell/index.html |                                    |                          |                                   |                                 |   |  |                     |            | KS           | SA 82a-1212                             |  |  |