KOLAR Document ID: 1569936

| WATER WE  |                                      |   | Form V                              |  |   |   | Division of Water  |  |                                      |  |           |             |          |          |  |
|---|--------------------------------------|---|-------------------------------------|--|---|---|--|--|--------------------------------------|--|-----------|-------------|----------|----------|--|
| Original Reco   |                                      | Correction                                    |                                     | e in Well  |   |   |  | urces App. N   |                                      |  | Well II   |             |          |          |  |
| 1 LOCATION OF WATER WELL:                                   |                                      |   | Fraction                            |  |   | Section Number  |  |  | Township Numb T S                    |  | ang       | ge Nun      |          |          |  |
| County:   |                                      |   | 1/4                                 | 1/4 1  |   |   | R DEDW   |  |                                      |  |           |             |          |          |  |
| 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 WE   | IDI ETE                              | n wei i .                                     |                                     | £.   | 5 Lotitudo.                                     |   |  |  |                                      |  |           |             |          |          |  |
| WITH "X" IN Donth(s) Croundwater I                          |                                      |   | PLETED WELL: ft.                    |  |   |   | .   5 Latitude:  |  |                                      |  |           |             |          |          |  |
| SECTION BOX: 2) ft 3  |                                      |   | f) ft., or 4) \( \square\) Dry Well |  |   |   |  |  | e:<br>  WGS 84                       |  |           |             | degrees) |          |  |
| N   | ΓER LEVEL: ft.                       |   |                                     |  |   |   | Latitude/Longitude   |  | ] 117                                | 1D 21  |           |             |          |          |  |
|   |                                      |   | , measured on (mo-day-yr)           |  |   |   |  |  | unit make/model:                     |  |           |             | )        |          |  |
|   |                                      |   | measured on (mo-day-yr)             |  |   |   | (  |  |                                      |  |           |             |          |          |  |
| Pump test data: Well w                                      |                                      |   |                                     |  |   |   | ☐ Land Survey ☐ Topographic Map                                |  |                                      |  |           |             |          |          |  |
| Wall w  |                                      |   | pumping gpm<br>vater was ft.        |  |   |   | ☐ Online Mapper:   |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
| ,   , '   |                                      | after hours pumping gr<br>Estimated Yield:gpm |                                     |  |   |   |  | 6 Elevation:ft. ☐ Ground Level ☐ TO  |                                      |  |           |             |          |          |  |
| S   |                                      |   |                                     | in. to ft. a   |   |   | Source   |  | ☐ Land Survey ☐ GPS ☐ Topographic Ma |  |           |             |          |          |  |
| 1 mile  |                                      |   |                                     | in. to ft.   |   |   |  | ☐ Other  |                                      |  |           |             |          | •••••    |  |
| 7 WELL WAT  | 7 WELL WATER TO BE USED AS:          |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
| 1. Domestic:  |                                      |   |                                     |  | y: well ID                                      |   |  |  |                                      | eld Water Supply: 16                           |           |             |          |          |  |
| ☐ Household 6. ☐ Dewaterin                                  |                                      |   |                                     |  |   |   |  |  | : well ID                            |  |           |             |          |          |  |
| ☐ Lawn & Garden 7. ☐ Aquifer Ro                             |                                      |   |                                     |  |   |   | ☐ Cased ☐ Uncased ☐ Geotechnic 12. Geothermal: how many bores? |  |                                      |  |           |             |          |          |  |
| ☐ Livestock 8. ☐ Monitoring 2. ☐ Irrigation 9. Environmenta |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
| 3. ☐ Feedlot ☐ Air Sparge                                   |                                      |   |                                     |  | Soil Vapor                                      |   |  | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. |                                      |  |           |             |          | Water    |  |
| 4. ☐ Industrial   |                                      |   | Recovery                            |  | Injection                                       |   |  |  |                                      | (specify):                                     |           |             |          |          |  |
| Was a chemical  | l/hacterio                           | ological san                                  | nple subm                           | itted to   | KDHE?   | l Yes □   | Nο   |  |                                      | nple was submitte                              |           |             |          |          |  |
| Water well disin  |                                      |   |                                     | illed to   | IIDIII.   | 1105 🗀  | 110  | 11 900, auto   | 5 541                                | inpre was saoimie                              | <b>G.</b> | ••••        |          | •••••    |  |
|   |                                      |   |                                     | C □ Oth  | er  | C   | ASIN   | IG JOINTS  | : Г                                  | Glued Clamped                                  | ı ∏ Wel   | ded         |          | readed   |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      | in. to   |           |             |          |          |  |
| Casing height above   |                                      |   |                                     |  |   |   |  |  |                                      | s or gauge No                                  |           |             |          |          |  |
| TYPE OF SCRE  |                                      |   | TION MAT                            | ΓERIAL:  |   |   |  |  |                                      |  |           |             |          |          |  |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)           |                                      |   |                                     |  |   |   |  |  |                                      |  | •••       |             |          |          |  |
|   |                                      | nized Steel                                   | NINGG AT                            | NE.  | ☐ None  | used (oper  | n hole)  | )  |                                      |  |           |             |          |          |  |
| SCREEN OR PE  |                                      | TION OPE.  ☐ Mill Slot                        |                                     |  | n od □ ⊓  | Sanah Cut   | □ D  | ماليا المالية  |                                      | Other (Specify)                                |           |             |          |          |  |
| Louvered Sl   | _                                    |   |                                     | uze Wrap<br>ire Wrapr  |   |   |  | one (Open H  |                                      |  |           |             |          |          |  |
| SCREEN-PERF   | ORATEI                               | D INTERV                                      | ALS: From                           | 110 Williams   |   |   |  |  |                                      | ft., From                                      | ft.       | to .        |          | ft.      |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      | ft., From                                      |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      | ft. to   |           |             |          |          |  |
| Nearest source of   | f possible                           |   |                                     |  | source of co                                    | ntaminatio  |  |  |                                      |  |           |             |          |          |  |
| ☐ Septic Tank   |                                      |   | Lateral Lines                       |  | Pit Privy                                       |   |  | Livestock Pe   |                                      | ☐ Insection                                    |           |             |          |          |  |
| Sewer Lines   | т:                                   |   | Cess Pool                           |  | <ul><li>☐ Sewage L</li><li>☐ Feedyard</li></ul> |   |  | Fuel Storage<br>Fertilizer Sto   |                                      | ☐ Abando ☐ Oil We                              |           |             | /ell     |          |  |
| ☐ Watertight So☐ Other (Specif                              |                                      |   | Seepage Pit                         |  |   |   | П г  | rerunzer Sto   | rage                                 | : 🗀 Oli we                                     | II/Gas we | 211         |          |          |  |
| Direction from we   | :,,<br>::::::::::::::::::::::::::::: |   |                                     | Dis  | stance from v                                   | <br>well?   |  |  |                                      | ft.  |           |             |          |          |  |
|   | O                                    |   | ITHOLOG                             |  |   | FRO   |  |  |                                      | HO. LOG (cont.) or                             |           | INC         | INTE     | RVALS    |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      | · · · · · · · · · · · · · · · · · · ·         |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   | Note  | s:   |  |                                      |  |           |             |          |          |  |
|   |                                      |   |                                     |  |   | _   |  |  |                                      |  |           |             |          |          |  |
| 11 CONTRD A C   | TODIC                                | AD I ANDA                                     | Watenso                             | CEDE   | IEICA TIO                                       | N. Til.   |  | 11 · · □   | _                                    | maturated 🗖                                    |           | a           |          | 111000 1 |  |
|   |                                      |   |                                     |  |   |   |  |  |                                      | onstructed, $\square$ recouse to the best of m |           |             |          |          |  |
| Kansas Water W  | ell Conti                            | ractor's Lice                                 | ense No                             | y  | This W  | ater Wel  | Reco   | ord was cor  | nnle                                 | eted on (mo-day-ye                             | ear)      | Jugi        | . and t  |          |  |
| under the busine  | ss name                              | of  |                                     | <u></u>  | ·····   |   | <u></u>  | ·····  |                                      |  |           | <u>.</u>    | <u></u>  |          |  |
| ***   | Se                                   | end one copy to                               | WATER WI                            | ELL OWN  | ER and retain                                   | one for yo  | ır recor   | rds. Fee of \$5  | 5.00 f                               | or each constructed we                         | ell.      |             | <b>-</b> |          |  |
|   |                                      |   |                                     | ater, Geol   | ogy Section, 1                                  | 000 SW Ja   | ckson S  | st., Suite 420,  | Tope                                 | eka, Kansas 66612-136                          |           |             |          |          |  |
| Visit us at http://w  | ww.kdheks                            | s.gov/waterwel                                | ı/ınaex.html                        |  |   |   |  |  |                                      |  | J         | $\Delta OV$ | A 82a-   | 1212     |  |