KOLAR Document ID: 1580724

| WATER V  |                      | Division of W<br>Resources App             |                         |                                 |                          | Well I                | <sub>m</sub> [  |                               |                |  |                         |         |               |  |
|--|----------------------|--|-------------------------|---------------------------------|--------------------------|-----------------------|---|-------------------------------|----------------|--|-------------------------|---------|---------------|--|
| Original Record Correction Change in LOCATION OF WATER WELL:                               |                      |  |                         |                                 | Fraction                 |                       |   |                               |                | Township Numb  |                         |         |               |  |
| County:  |                      |  |                         |                                 | /4 1/2                   |                       | Section Number  |                               |                | 1  |                         |         | □E □W         |  |
|  |                      |  |                         |                                 |                          |                       | treet or Rural Address where well is located (if unknown, distance and          |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          |                       | irection from nearest town or intersection): If at owner's address, check here: |                               |                |  |                         |         |               |  |
| Address: Address:  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| City:  |                      |  | State:                  | ZIP:                            |                          |                       |   |                               |                |  |                         |         |               |  |
| 3 LOCATE WELL  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| WITH "X", IN 4 DEPTH OF  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| SECTION BOX: Depth(s) Groundwater Encountered: 2 2   |                      |  |                         |                                 |                          | Longitude:            |   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 | ER LEVEL: ft.            |                       |   |                               |                |  | _                       | _  N    | AD 27         |  |
| $\mathbf{v}$   |                      | below land surface, measured on (mo-day-yr |                         |                                 |                          |                       |   |                               |                | <u>Latitude/Longitude</u><br>unit make/model:          | •                       |         | ,             |  |
| NW   | - NE                 | above land surface, measured on (mo-day-yr |                         |                                 |                          |                       |   |                               |                | WAAS enabled?  |                         |         |               |  |
|  | 1                    | Pump test data: Well water was ft.         |                         |                                 |                          |                       | ☐ Land Survey ☐ Topographic Map   |                               |                |  |                         | • ,     |               |  |
| w  | Е                    | after hours pumpinggp                      |                         |                                 |                          |                       |   | ☐ Online Mapper:              |                |  |                         |         |               |  |
| SW   -   | - SE                 | Well water was ft. after hours pumping gp  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
|  | 1                    | Estimated Yield:gpm                        |                         |                                 |                          |                       | 6 Elevation:ft.   |                               |                |  |                         | und     | Level   TOC   |  |
| S  |                      | Bore Hole Diameter: in. to                 |                         |                                 |                          |                       |   |                               |                |  | ☐ GPS ☐ Topographic Map |         |               |  |
| 1 mil  | le                   | in. to                                     |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| 7 WELL WATER TO BE USED AS:  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| 1. Domestic: 5. Public Water Supply: well ID   |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| Househo  | Dewaterin            |  |                         |                                 |                          | le: well ID           |   |                               |                |  |                         |         |               |  |
| ☐ Lawn & Garden 7. ☐ Aquifer   |                      |  |                         |                                 |                          |                       |   |                               |                | Uncased (  |                         |         |               |  |
| ☐ Livestoc 2. ☐ Irrigation   |                      |  |                         | g: well ID<br>al Remediation    |                          |                       |   |                               |                | al: how many bores Loop  Horizont                      |                         |         |               |  |
| 3. ☐ Feedlot   | 1                    |  | Air Sparge              |                                 |                          | Extraction            |   |                               |                | Loop Surface Di  |                         |         |               |  |
| 4. Industria   |                      | ☐ Injection                                |                         |                                 |                          | 13.  Other (specify): |   |                               |                |  |                         |         |               |  |
| Was a chem   | ical/bacteri         | ological san                               | nple subm               | itted to KD                     | HE? $\square$            | Yes $\square$ 1       | No ]  | If yes, date                  | e sar          | nple was submitte                                      | d:                      |         |               |  |
| Water well d   |                      |  |                         |                                 | _                        | _                     |   | •                             |                | ı  |                         |         |               |  |
| 8 TYPE OF  | CASING               | USED: □ S                                  | teel PV                 | C 🔲 Other                       |                          | CA                    | SIN   | G JOINTS                      | S: 🗆           | Glued Clamped  | d ☐ We                  | lded    | ☐ Threaded    |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                | in. to   |                         |         |               |  |
| Casing height  |                      |  |                         |                                 |                          | lbs.                  | /ft.  | Wall thick                    | kness          | or gauge No  |                         | •••     |               |  |
| TYPE OF SO   |                      |  | TION MAT                |                                 |                          |                       |   |                               |                | 7 (0)  |                         |         |               |  |
| ☐ Steel<br>☐ Brass   |                      | less Steel<br>anized Steel                 |                         | _                               | ☐ PVC                    | used (open            | hala)   |                               | ner (S         | Specify)   |                         |         | •••••         |  |
| SCREEN OF  | _                    |  | NINGS AI                |                                 | _ None (                 | iseu (open            | noie)   |                               |                |  |                         |         |               |  |
| ☐ Continu  |                      | ☐ Mill Slot                                |                         | auze Wrapped                    | ПТ                       | orch Cut              | □ Dri   | illed Holes                   | П              | Other (Specify)  |                         |         |               |  |
| ☐ Louvere  |                      | ☐ Key Punch                                |                         |                                 |                          |                       |   | ne (Open H                    |                |  |                         |         |               |  |
| SCREEN-PE  | ERFORATE             | D INTERVA                                  | ALS: From               | ı ft.                           | to                       | ft., Fro              | m   | ft. to                        | o              | ft., From  | ft                      | . to .  | ft.           |  |
| GR   | AVEL PAC             | K INTERV                                   | ALS: From               | ı ft.                           | to                       | ft., Fro              | om  | ft. t                         | o              | ft., From  | ft                      | . to    | ft.           |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| Nearest source   |                      |  |                         |                                 |                          |                       |   |                               | ••••           | ft. to   | It.                     |         |               |  |
| Septic Ta  |                      |  | on: No<br>Lateral Line  | potential sour                  | rce of col<br>it Privy   | ntaminatior           |   | ın 200 ft.<br>ivestock Pe     | ne             | ☐ Insection  | cide Stor               | age     |               |  |
| Sewer Li   |                      |  | Cess Pool               |                                 |                          | agoon                 |   | uel Storage                   |                | ☐ Abando   |                         |         | Vell          |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
| ☐ Other (Specify)  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          |                       | 777.76  | S DIEEDII I G                 |                |  |                         |         |               |  |
| 10 FROM  | TO                   |  | ITHOLOG                 | FIC LOG                         |                          | FRON                  | /1  | TO                            | LH             | HO. LOG (cont.) or                                     | PLUGC                   | iINC    | INTERVALS     |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         | -             |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          |                       |   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          | Notes:                | :   |                               |                |  |                         |         |               |  |
|  |                      |  |                         |                                 |                          | $\dashv$              |   |                               |                |  |                         |         |               |  |
| 11 CONTR   | ACTOR'S              | OR LANDO                                   | )WNER'S                 | CERTIFIC                        | CATIO                    | V: This w             | ater v  | well was F                    | 700            | onstructed, $\square$ reco                             | nstruct                 | ed c    | r nlugged     |  |
| under my jur   | isdiction an         | d was compl                                | eted on (m              | o-day-year)                     |                          |                       | and th  | nis record                    | is tru         | ie to the best of m                                    | y know                  | ledg    | e and belief. |  |
| Kansas Wate  | r Well Cont          | tractor's Lice                             | ense No                 |                                 | This W                   | ater Well             | Reco  | rd was con                    | mple           | eted on (mo-day-y                                      | ear)                    |         |               |  |
| under the bus  | siness name          | of   | ****                    |                                 |                          |                       |   | 1 5 2                         |                | or each <u>constructed</u> we                          |                         | <u></u> |               |  |
| KS Departme  | S<br>nt of Health ar | end one copy to<br>d Environment           | OWATER W<br>Bureau of W | ELL OWNER a<br>Vater. Geology ! | and retain<br>Section 10 | one for your          | record  | as. Fee of \$5<br>t Suite 420 | 0.00 f<br>Tope | or each <u>constructed</u> we<br>eka, Kansas 66612-136 | ш.<br>57. Teleni        | hone    | 785-296-3565  |  |
| _  |                      | s.gov/waterwel                             |                         | , 5551059 1                     |                          |                       |   | , 120,                        | - ~PC          | ,  |                         |         | A 82a-1212    |  |