KOLAR Document ID: 1533360

|                                                                                                                                                                      | WELL R                                                                                                                                                                                                                                                                                     |                                           |                            | WWC-5                                                                             |                                                                                 |                           |                                                                                 | ion of Wate  | - 1           |                                |                                         |              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------|--------------|---------------|--------------------------------|-----------------------------------------|--------------|--|
|                                                                                                                                                                      | Record   ION OF W                                                                                                                                                                                                                                                                          |                                           |                            | e in Well Use                                                                     |                                                                                 |                           |                                                                                 | rces App. N  |               | Taranahin Manah                | Well ID                                 |              |  |
| 1 LOCATION OF WATER WELL: County:                                                                                                                                    |                                                                                                                                                                                                                                                                                            |                                           | Fraction 1/4 1/4 1/4 1/4   |                                                                                   |                                                                                 | Section Number Township T |                                                                                 |              | Township Numb | umber Range Number S R □ E □ W |                                         |              |  |
| · · <b>y</b> ·                                                                                                                                                       |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           | eet 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:<br>Address:                                                                                                                                                 |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 | _            |               |                                |                                         |              |  |
| City: State: ZIP:                                                                                                                                                    |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 3 LOCATE WELL WITH (52" IN 4 DEPTH OF COMPLET)                                                                                                                       |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           | C.                                                                              |              | _             |                                |                                         |              |  |
| WITH "                                                                                                                                                               |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           | . It.                                                                           |              |               | -                              |                                         | _            |  |
|                                                                                                                                                                      | SECTION BOX: Depth(s) Groundwater Encountered: 1)                                                                                                                                                                                                                                          |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| N .                                                                                                                                                                  | WELL'S STATIC WATER LEVEL:                                                                                                                                                                                                                                                                 |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         | NAD 21       |  |
|                                                                                                                                                                      | v                                                                                                                                                                                                                                                                                          | ☐ below la                                |                            |                                                                                   |                                                                                 |                           | unit make/model:                                                                |              | )             |                                |                                         |              |  |
| NW                                                                                                                                                                   | NE                                                                                                                                                                                                                                                                                         | above la                                  |                            | • • • • •                                                                         | ··· (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            | Pump test da                              |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| W                                                                                                                                                                    | E                                                                                                                                                                                                                                                                                          | after hours pumping gp Well water was ft. |                            |                                                                                   |                                                                                 |                           |                                                                                 |              | niine         | e Mapper:                      |                                         |              |  |
| SW                                                                                                                                                                   | SE                                                                                                                                                                                                                                                                                         |                                           | after hours pumping gp     |                                                                                   |                                                                                 |                           | (Flanckian) 6 F.C. II I F.T.                                                    |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            | Estimated Y                               |                            | 6 Elevation:ft. ☐ Ground Level ☐ T<br>Source: ☐ Land Survey ☐ GPS ☐ Topographic M |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      | S<br>oile                                                                                                                                                                                                                                                                                  | Bore Hole D                               | Bore Hole Diameter: in. to |                                                                                   |                                                                                 |                           | □ O4h - ::                                                                      |              |               |                                |                                         |              |  |
| 1 mile  in. to ft. Uother                                                                                                                                            |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 1. Domestic:                                                                                                                                                         |                                                                                                                                                                                                                                                                                            |                                           |                            | ter Supply: well I                                                                | D                                                                               |                           |                                                                                 | 10. □ Oi     | l Fie         | eld Water Supply: 16           | ease                                    |              |  |
| ☐ Household 6. ☐ Dewatering: how many wells?                                                                                                                         |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            | echarge: well ID.                                                                 |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| ☐ Livestock 8. ☐ Monitoring: well ID.                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 2. ☐ Irrigation 3. ☐ Feedlot                                                                                                                                         |                                                                                                                                                                                                                                                                                            |                                           | vironmenta<br>Air Sparge   | al Remediation: w<br>e ☐ Soil Va                                                  |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 4. ☐ Industr                                                                                                                                                         |                                                                                                                                                                                                                                                                                            | ☐ Injection                               | Datruction                 |                                                                                   | 13.  Other (specify):                                                           |                           |                                                                                 |              |               |                                |                                         |              |  |
| 4. Industrial Recovery Injection 13. Other (specify):                                                                                                                |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| Water well disinfected? $\square$ Yes $\square$ No                                                                                                                   |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 8 TYPE O                                                                                                                                                             | F CASING                                                                                                                                                                                                                                                                                   | USED: ☐ St                                | eel PV                     | C Other                                                                           |                                                                                 | CA                        | SINC                                                                            | JOINTS:      | : 🗆           | Glued Clamped                  | i □ Weld                                | ed  Threaded |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               | in. to                         |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            | surface                                   |                            |                                                                                   |                                                                                 | lbs./                     | ft.                                                                             | Wall thick   | ness          | or gauge No                    | · • • • • • • • • • • • • • • • • • • • | •            |  |
|                                                                                                                                                                      | TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                    |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| ☐ Brass                                                                                                                                                              | ☐ Steel     ☐ Stainless Steel     ☐ PVC     ☐ Other (Specify)       ☐ Brass     ☐ Galvanized Steel     ☐ None used (open hole)                                                                                                                                                             |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                  |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| ☐ Contin                                                                                                                                                             | uous Slot                                                                                                                                                                                                                                                                                  | ☐ Mill Slot                               | ☐ Ga                       | auze Wrapped [                                                                    | ☐ To                                                                            | orch Cut [                | _ Dri                                                                           | lled Holes   |               | Other (Specify)                |                                         |              |  |
| <del></del>                                                                                                                                                          |                                                                                                                                                                                                                                                                                            | ☐ Key Punch                               |                            |                                                                                   |                                                                                 |                           |                                                                                 | ne (Open H   |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               | ft., From                      |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               | ft., From                      |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               | ft. to                         |                                         | •••••        |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            | e contaminatio                            | on: No                     | potential source of                                                               | f cor                                                                           | ntamination               | withi                                                                           | n 200 ft.    |               |                                |                                         |              |  |
| ☐ Septic 7                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                           | ateral Line                |                                                                                   |                                                                                 |                           | _                                                                               | ivestock Per |               | ☐ Insection                    |                                         |              |  |
| ☐ Sewer I                                                                                                                                                            |                                                                                                                                                                                                                                                                                            | _                                         | Cess Pool                  | ☐ Sewag                                                                           |                                                                                 |                           |                                                                                 | uel Storage  |               | Abando                         |                                         |              |  |
| □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Other (Specify) |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               | ft.                            |                                         |              |  |
| 10 FROM                                                                                                                                                              | TO                                                                                                                                                                                                                                                                                         |                                           | ITHOLOG                    |                                                                                   |                                                                                 | FROM                      |                                                                                 |              |               | HO. LOG (cont.) or             |                                         | NG INTERVALS |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      | +                                                                                                                                                                                                                                                                                          |                                           |                            |                                                                                   |                                                                                 |                           | -                                                                               |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 | Notes:                    |                                                                                 | J            |               |                                |                                         |              |  |
|                                                                                                                                                                      |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 44 00                                                                                                                                                                |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 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 Water Well Contractor's License No                                                                                                                            |                                                                                                                                                                                                                                                                                            |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| 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.                                                                                                                                                                                |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |
| -                                                                                                                                                                    | KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 |                                           |                            |                                                                                   |                                                                                 |                           |                                                                                 |              |               |                                |                                         |              |  |

