KOLAR Document ID: 1456066

|  | K WELL K                   |                               | WWC-5                    |                                    |                        |  | sion of Wate   |  |                    | W 11 ID                                 |                      |  |  |
|--|----------------------------|-------------------------------|--------------------------|------------------------------------|------------------------|--|--|--|--------------------|---|----------------------|--|--|
|  | al Record                  | Correction Chang  ATER WELL:  | e in Well Us<br>Fraction | e                                  |                        |  | irces App. N   |  | Taranahin Manah    | Well ID                                 | an Manalana          |  |  |
|  |                            | AIEK WELL:                    | 1/4                      | 1/4 1/                             | 4 1/4                  | Sect   | ion Numbe  | 1  | Township Numb      | R                                       | ge Number<br>□ E □ W |  |  |
| County:  2 WELL OWNER: Last Name:  |                            |                               | First:                   |                                    |                        |  |  | al Address where well is located (if unknown, distance and |                    |   |                      |  |  |
| Busines  |                            |                               |                          |                                    |                        | earest town or intersection): If at owner's address, check here: |  |  |                    |   |                      |  |  |
| Address  | Address:                   |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| Address  | :                          |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| City:  |                            | State:                        | ZIP:                     |                                    |                        |  |  |  |                    |   |                      |  |  |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:   |                            |                               |                          |                                    |                        | ft.  | 5 Latitu   | ude:   |                    |   | (decimal degrees)    |  |  |
| WITH "A" IN Depth(s) Groundwater I   |                            |                               | Encountered: 1) ft.      |                                    |                        |  | Longitude:(decimal degrees)  |  |                    |   |                      |  |  |
| SECII  | SECTION BOX:  N  2)        |                               |                          |                                    |                        | Dry Well Datum: □ WGS 84 □ NAD 83 □ NAD 27                       |  |  |                    |   |                      |  |  |
|  | WELL'S STATIC WATER LEVEL: |                               |                          |                                    |                        | ft. <u>Source for Latitude/Longitude</u> :                       |  |  |                    |   |                      |  |  |
| X  | measured o                 |                               |                          |                                    | GPS (unit make/model:) |  |  |  |                    |   |                      |  |  |
| above land surface,  |                            |                               |                          |                                    |                        |  |  | (WAAS enabled? ☐ Yes ☐ No)                                 |                    |   |                      |  |  |
| Pump test data: Well w   |                            |                               | pumping gpm              |                                    |                        |  | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper:                               |  |                    |   |                      |  |  |
| Well w   |                            |                               | vater was ft.            |                                    |                        |  | □ Опппе імаррет.   |  |                    |   |                      |  |  |
| CW   CE  |                            |                               | pumpinggpm               |                                    |                        |  |  |  |                    |   |                      |  |  |
|  | Estimated Yield:           |                               |                          |                                    |                        |  | 6 Elevation:ft. Ground Level TOC   |  |                    |   |                      |  |  |
|  |                            |                               | in. to ft. and           |                                    |                        |  | Source:  |  |                    |   |                      |  |  |
| 1 mile   |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            |                               |                          | 11.10                              |                        |  | 10 🗖 0:  |  |                    |   |                      |  |  |
| 1. Domesti   |                            | ter Supply: well ID           |                          |                                    |                        | 10. Oil Field Water Supply: lease                                |  |  |                    |   |                      |  |  |
|  |                            |                               |                          | g: how many wells?echarge: well ID |                        |  |  | 11. Test Hole: well ID                                     |                    |   |                      |  |  |
| _  |                            |                               |                          | g: well ID                         |                        |  |  |  | al: how many bores |   |                      |  |  |
| 2. ☐ Irriga  |                            | al Remediation: well ID       |                          |                                    |                        |  |  | Loop  Horizont   |                    |   |                      |  |  |
| 3. ☐ Feedlot ☐ Air Sparge  |                            |                               |                          |                                    | Extraction             |  | b) Open Loop  Surface Discharge  Inj. of Water                                 |  |                    |   |                      |  |  |
| 4. Indus   | trial                      | ☐ Recovery                    | ☐ Injection              |                                    |                        |  | 13. 🔲 Ot   | 13. Other (specify):                                       |                    |   |                      |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:   |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| Water well disinfected? ☐ Yes ☐ No   |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            | in. to ft.,                   |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)   |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  | inuous Slot                |                               | auze Wrappe              | а Пт                               | orch Cut               | □Dr  | illed Holes  |  | Other (Specify)    |   |                      |  |  |
| _  |                            | ☐ Key Punched ☐ W             |                          |                                    |                        |  | one (Open H  |  | other (Speerry)    | • | •••••                |  |  |
| SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. to   |                            |                               |                          |                                    |                        |  |  |  | ft.                |   |                      |  |  |
|  | CK INTERVALS: From         |                               |                          |                                    |                        |  | ft.  |  |                    |   |                      |  |  |
|  |                            | L: Neat cement                |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            | ft. to                        |                          |                                    |                        |  |  | • • • • • •  | ft. to             | ft.                                     |                      |  |  |
|  |                            | e contamination: No           |                          |                                    | ntamınatıc             |  |  |  |                    | .1 0                                    |                      |  |  |
| ☐ Septio   |                            | ☐ Lateral Line<br>☐ Cess Pool |                          | Pit Privy                          | ngoon                  | _  | Livestock Pe<br>Fuel Storage   |  |                    | cide Storage                            | Wall                 |  |  |
| □ Sewer Lines     □ Cess Pool     □ Sewage Lagoon       □ Watertight Sewer Lines     □ Seepage Pit     □ Feedyard  |                            |                               |                          |                                    |                        |  | ☐ Fuel Storage ☐ Abandoned Water Well ☐ Fertilizer Storage ☐ Oil Well/Gas Well |  |                    |   |                      |  |  |
|  |                            | 🗀 Seepage 1 k                 |                          |                                    |                        |  | Crimzer Sto  | ruge   | _ on               | in Gus Wen                              |                      |  |  |
|  |                            |                               |                          |                                    |                        |  |  |  | ft.                |   |                      |  |  |
| 10 FROM  | TO                         | LITHOLOG                      | GIC LOG                  |                                    | FRO                    | M  | TO   | LIT  | HO. LOG (cont.) or | PLUGGIN                                 | G INTERVALS          |  |  |
|  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  |                            |                               |                          |                                    | Notes                  | <br>S:   |  |  |                    |   |                      |  |  |
|  | •                          |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
|  | † †                        |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| 11 CON   | FRACTOR'S                  | OR LANDOWNER'S                | CERTIF                   | <b>ICATIO</b>                      | N: This                | water  | well was   | co   | nstructed, 🗌 reco  | onstructed,                             | or 🗌 plugged         |  |  |
| under my jurisdiction and was completed on (mo-day-year)   |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)  |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |
| 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. |                            |                               |                          |                                    |                        |  |  |  |                    |   |                      |  |  |