KOLAR Document ID: 1613099

| WATER  |                             | Division of Water             |                                   |        |                                |   |                                   |             |     |                           |               |  |
|--|-----------------------------|-------------------------------|-----------------------------------|--------|--------------------------------|---|-----------------------------------|-------------|-----|---------------------------|---------------|--|
|  |                             |                               | ge in Well Use                    |        |                                | urces App. N  |                                   | г1.1        |     | Well ID                   | NI1           |  |
| 1 LOCATION OF WATER WELL: County:  |                             |                               | Fraction 1/4 1/4                  | 1/4    | 1/4 Sec                        | tion Numbe  | n Number Township Num             |             |     | er Range Number R □ E □ W |               |  |
| •  |                             | N                             | First:                            |        |                                | rol Addross   | whore                             |             |     |                           |               |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| Address:   | Address:                    |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| Address:   |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| City:  |                             | State:                        | ZIP:                              |        |                                |   |                                   |             |     |                           |               |  |
| 3 LOCAT  |                             | 4 DEPTH OF COM                | IPLETED WEL                       | L:     | ft. 5 Latitude:                |   |                                   |             |     | (decimal degrees)         |               |  |
| WITH "   |                             |                               | Encountered: 1) ft.               |        |                                | Longitude:(decimal degrees)   |                                   |             |     |                           |               |  |
| SECTION BOX: Deputi(s) Groundwater in 2) ft. 3   |                             |                               | 3) ft., or 4) ☐ Dry Well          |        |                                |   | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 |             |     |                           |               |  |
| WELL'S STATIC WA   |                             |                               |                                   | Source | Source for Latitude/Longitude: |   |                                   |             |     |                           |               |  |
|  |                             |                               | , measured on (mo-                |        | Si S (unit initiale) insecti   |   |                                   |             |     |                           |               |  |
|  |                             |                               | , measured on (mo-day-yr)         |        |                                | (WAAS enabled? ☐ Yes ☐ No)  |                                   |             |     |                           |               |  |
| Pump test data: Well w   |                             |                               | s pumping gpm                     |        |                                | ☐ Land Survey ☐ Topographic Map   |                                   |             |     |                           |               |  |
|  |                             |                               | vater was ft.                     |        |                                | Online Mapper:  |                                   |             |     |                           |               |  |
| L CTT L CTT  |                             |                               | s pumping gpm                     |        |                                |   |                                   |             |     |                           |               |  |
| X  |                             | Estimated Yield:              |                                   |        |                                | 6 Elevation:ft. ☐ Ground Level ☐ TOC  |                                   |             |     |                           |               |  |
| S Bore Hole Diameter   |                             |                               | in. to ft. and                    |        |                                | Source: Land Survey GPS Topographic Map   |                                   |             |     |                           |               |  |
| 1 n  |                             |                               | in. to                            | Other  |                                |   |                                   |             |     |                           |               |  |
|  | 7 WELL WATER TO BE USED AS: |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| 1. Domestic:   |                             |                               | iter Supply: well ID              |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               | g: how many wells?                |        |                                | 11. Test Hole: well ID  |                                   |             |     |                           |               |  |
|  |                             |                               | echarge: well ID                  |        |                                |   | ☐ Cased ☐ Uncased ☐ Geotechnical  |             |     |                           |               |  |
| <del></del>  |                             |                               | g: well IDal Remediation: well ID |        |                                | 12. Geothermal: how many bores?   |                                   |             |     |                           |               |  |
| 2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge  |                             |                               |                                   |        |                                | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |                                   |             |     |                           |               |  |
| 4. ☐ Industrial ☐ Recovery   |                             |                               | ☐ Injection                       |        |                                | 13. Other (specify):  |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:   |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| Casing diameter in. to   |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| Casing height above land surface   |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| ☐ Steel  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| ☐ Brass  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| ☐ Contin   | nuous Slot                  | ☐ Mill Slot ☐ Ga              |                                   |        |                                | rilled Holes  |                                   | ther (Speci | fy) |                           |               |  |
|  |                             | ☐ Key Punched ☐ W             |                                   |        |                                | Ione (Open H  |                                   |             |     |                           |               |  |
|  |                             | ED INTERVALS: From            |                                   |        |                                |   |                                   |             |     | ft. to                    |               |  |
|  |                             | CK INTERVALS: From            |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             | L: ☐ Neat cement ☐            |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             | ft. to                        |                                   |        |                                |   | •••••                             | ft. to      |     | ft.                       |               |  |
|  |                             | e contamination: No           |                                   |        |                                |   |                                   |             |     | C.                        |               |  |
| ☐ Septic '☐ Sewer I  |                             | ☐ Lateral Line<br>☐ Cess Pool |                                   |        | _                              | Livestock Pe<br>Fuel Storage  |                                   |             |     | e Storage<br>ed Water '   |               |  |
|  |                             | <u>—</u>                      |                                   |        |                                |   |                                   | _           |     |                           | Well          |  |
| □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         □ Other (Specify)       □ Other (Specify)                     |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| Direction fro  |                             |                               |                                   |        | ft.                            |   |                                   |             |     |                           |               |  |
| 10 FROM  | TO                          | LITHOLOG                      |                                   |        | ROM                            | TO  |                                   |             |     | LUGGIN                    | G INTERVALS   |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   | No     | otes:                          |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
|  |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| 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)   |                             |                               |                                   |        |                                |   |                                   |             |     |                           |               |  |
| 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 Departn   |                             | nd Environment, Bureau of W   |                                   |        |                                |   |                                   |             |     |                           | 785-296-3565. |  |
|  |                             | ks.gov/waterwell/index.html   |                                   |        |                                |   | •                                 |             |     |                           | SA 82a-1212   |  |