## KOLAR Document ID: 1534710

|                                                                                                                                                                             | R WELL R                                                                                                                                                              |                          |              | WWC-5                         |                |                                                                                | ision of Wat                                                                                                                                          |                                                                                       |                                        |                                         |                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------|-------------------------------|----------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|---------------------------|--|
|                                                                                                                                                                             |                                                                                                                                                                       | Correction               |              | e in Well Use                 |                |                                                                                | ources App.                                                                                                                                           |                                                                                       |                                        | Well ID                                 |                           |  |
| <b>1 LOCATION OF WATER WELL:</b> Fraction                                                                                                                                   |                                                                                                                                                                       |                          |              |                               |                |                                                                                | ction Numb                                                                                                                                            | er                                                                                    | Township Numb                          |                                         | ige Number                |  |
| County: 1/4 1/4 1/4                                                                                                                                                         |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                | treet or Rural Address where well is located (if unknown, distance and rection from nearest town or intersection): If at owner's address, check here: |                                                                                       |                                        |                                         |                           |  |
| Address:                                                                                                                                                                    |                                                                                                                                                                       |                          |              |                               | direction from | rection from hearest town of intersection). If at owner's address, check here. |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| Address:                                                                                                                                                                    |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| City:                                                                                                                                                                       |                                                                                                                                                                       | 1                        | State:       | ZIP:                          |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| 3 LOCAT                                                                                                                                                                     | 4 DEPTH                                                                                                                                                               | OF CON                   | IPLETED WELI | ft                            | 5 Latif        | tude                                                                           |                                                                                                                                                       |                                                                                       | (decimal degrees)                      |                                         |                           |  |
| WITH "X" IN<br>SECTION BOX: 4 DEI III OF COMI LETED WELL<br>Depth(s) Groundwater Encountered: 1)                                                                            |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| <b>SECTION BOX:</b> 2) ft. 3) ft., or 4) $\Box$ I                                                                                                                           |                                                                                                                                                                       |                          |              |                               |                | Dry Well                                                                       | ry Well Datum: WGS 84 NAD 83 NAD 27                                                                                                                   |                                                                                       |                                        |                                         |                           |  |
| WELL'S STATIC WATER LEVEL:                                                                                                                                                  |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       | Latitude/Longitude                     |                                         |                           |  |
|                                                                                                                                                                             | below land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr above land surface, measured on (mo-day-yr below land surface).                 |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       | unit make/model:                       |                                         |                           |  |
| NW                                                                                                                                                                          | □ above land surface, measured on (mo-day-yr<br>Pump test data: Well water was ft.                                                                                    |                          |              |                               |                |                                                                                |                                                                                                                                                       | (WAAS enabled? ☐ Yes ☐ No)<br>☐ Land Survey ☐ Topographic Map                         |                                        |                                         |                           |  |
| w                                                                                                                                                                           | E after                                                                                                                                                               |                          |              |                               |                |                                                                                | Online Mapper:                                                                                                                                        |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             | Well water was ft.                                                                                                                                                    |                          |              |                               |                | t.                                                                             |                                                                                                                                                       | Jiiiii                                                                                | e mappen                               |                                         |                           |  |
| SW                                                                                                                                                                          | after hours pumping gr                                                                                                                                                |                          |              |                               |                |                                                                                | 6 Elow                                                                                                                                                | otion                                                                                 | . 6                                    |                                         |                           |  |
|                                                                                                                                                                             | Estimated Yield:gpm                                                                                                                                                   |                          |              |                               |                |                                                                                |                                                                                                                                                       | 6 Elevation:ft. □ Ground Level □ TOC<br>Source: □ Land Survey □ GPS □ Topographic Map |                                        |                                         |                           |  |
|                                                                                                                                                                             | S Bore Hole Diameter: in. to                                                                                                                                          |                          |              |                               |                |                                                                                | <u>50010</u>                                                                                                                                          |                                                                                       |                                        |                                         |                           |  |
| 1 mile  in. to ft. □ Other                                                                                                                                                  |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| 7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul> |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| □ Household                                                                                                                                                                 |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| Lawn                                                                                                                                                                        | Lawn & Garden 7. Aquifer Recharge: well ID                                                                                                                            |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             | Livestock 8. Monitoring: well ID                                                                                                                                      |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       | al: how many bores                     |                                         |                           |  |
|                                                                                                                                                                             | 2. Irrigation 9. Environmental Remediation: well ID.                                                                                                                  |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       | Loop Horizon                           |                                         |                           |  |
| 3. Feedlot Soil Vapor Ext                                                                                                                                                   |                                                                                                                                                                       |                          |              |                               |                | Extraction                                                                     | 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:                                                                         |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| Water well disinfected? Ves No                                                                                                                                              |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded                                                                                         |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.<br>Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No                     |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                     |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| $\Box \text{ Steel} \qquad \Box \text{ Stainless Steel} \qquad \Box \text{ PVC} \qquad \Box \text{ Other (Specify)} \dots$                                                  |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| □ Brass □ Galvanized Steel □ None used (open hole)                                                                                                                          |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                         |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             | nuous Slot                                                                                                                                                            | ☐ Mill Slot              |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       | Other (Specify)                        | • • • • • • • • • • • • • • • • • • • • |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       | Key Puncl                |              | n ft. to                      |                |                                                                                | None (Open l                                                                                                                                          |                                                                                       |                                        | ft to                                   | £,                        |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              | n ft. to                      |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              | Cement grout $\Box$           |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              | ft., From                     |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         | • • • • • • • • • • • • • |  |
|                                                                                                                                                                             | rce of possible                                                                                                                                                       |                          | on: No       | potential source of           | cont           | tamination wi                                                                  | thin 200 ft.                                                                                                                                          |                                                                                       |                                        |                                         |                           |  |
| □ Septic                                                                                                                                                                    |                                                                                                                                                                       |                          | Lateral Line |                               |                |                                                                                | Livestock P                                                                                                                                           |                                                                                       |                                        | cide Storage                            |                           |  |
| Sewer                                                                                                                                                                       |                                                                                                                                                                       |                          | Cess Pool    |                               |                |                                                                                | Fuel Storage                                                                                                                                          |                                                                                       |                                        | oned Water                              |                           |  |
|                                                                                                                                                                             | tight Sewer Lin                                                                                                                                                       |                          | Seepage Pit  |                               |                |                                                                                | Fertilizer St                                                                                                                                         | orage                                                                                 | e ∐Oil We                              | ll/Gas Well                             |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              | Distance fron                 |                |                                                                                |                                                                                                                                                       |                                                                                       | ft                                     |                                         |                           |  |
| 10 FROM                                                                                                                                                                     |                                                                                                                                                                       |                          | ITHOLOG      |                               | II WC          | FROM                                                                           | ТО                                                                                                                                                    |                                                                                       | THO. LOG (cont.) or                    |                                         | GINTERVALS                |  |
|                                                                                                                                                                             |                                                                                                                                                                       | 1                        |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       | (cont.) of                             |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                | Notes:                                                                         |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged                                                              |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| under my i                                                                                                                                                                  | NACIUK'S                                                                                                                                                              | OK LANDO                 | eted on (m   | 5 CEKTIFICATI<br>10-day-year) | UN             | and                                                                            | this record                                                                                                                                           | is tri                                                                                | Distructed, 📋 rection to the best of m | v knowled                               | or $\square$ plugged      |  |
| Kansas Wa                                                                                                                                                                   | under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| under the business name of                                                                                                                                                  |                                                                                                                                                                       |                          |              |                               |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
| under the b                                                                                                                                                                 | ousiness name                                                                                                                                                         | e of                     |              | •••••••••••••••••             |                |                                                                                |                                                                                                                                                       |                                                                                       |                                        |                                         |                           |  |
|                                                                                                                                                                             | ousiness name                                                                                                                                                         | e of<br>Send one copy to | WATER W      |                               | <br>ain o      | one for your reco                                                              | ords. Fee of \$                                                                                                                                       | 5.00 1                                                                                | for each <u>constructed</u> we         | <u></u><br>11.                          | <u></u>                   |  |