KOLAR Document ID: 1524392

|  | WELL R   | ECORD Correction                           |   | WWC-5 e in Well Use             |                           |                             |   | ion of Waterces App. N          |                        |  | Well                                  | m [          |               |  |
|--|--|--|---|---------------------------------|---------------------------|-----------------------------|---|---------------------------------|------------------------|--|---------------------------------------|--------------|---------------|--|
|  |  |  |   |                                 | Fraction                  |                             |   |                                 |                        | Township Numb  |                                       | Range Number |               |  |
| County:  |  |  |   | /4 1/2                          |                           | Section Number              |   |                                 | 1                      |  |                                       | □E □W        |               |  |
|  |  |  |   |                                 |                           |                             | treet or Rural Address where well is located (if unknown, distance and          |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           |                             | irection from nearest town or intersection): If at owner's address, check here: |                                 |                        |  |                                       |              |               |  |
| Address:<br>Address:   |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
| City:  |  |  | State:                                      | ZIP:                            |                           |                             |   |                                 |                        |  |                                       |              |               |  |
| 3 LOCATI   | E WELL   |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  | WITH "X" IN 4 DEPTH OF COMPT   |  |   |                                 | PLETED WELL: ft.          |                             |   |                                 |                        |  |                                       |              |               |  |
| SECTIO   | TION BOX: Depth(s) Groundwater Encountered: 1)                                 |  |   |                                 |                           |                             | 2018 (decimal degrees)  |                                 |                        |  |                                       |              |               |  |
| N  | 2) ft. 3) ft., or 4) \( \begin{align*} \] WELL'S STATIC WATER LEVEL:           |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  |  |  | below land surface, measured on (mo-day-yr) |                                 |                           |                             |   |                                 |                        | <u>Latitude/Longitude</u><br>unit make/model:          |                                       |              | ,             |  |
| NW   | NE   | above land surface, measured on (mo-day-yr |   |                                 |                           |                             |   |                                 |                        | WAAS enabled?  |                                       |              |               |  |
|  | i l  | Pump test da                               |   | ☐ Land Survey ☐ Topog           |                           |                             |   | raphic Map                      |                        |  |                                       |              |               |  |
| w V  | E  | after hours pumpinggr                      |   |                                 |                           |                             |   | Online Mapper:                  |                        |  |                                       |              |               |  |
| X .  | SE   | Well water was ft. after hours pumping gp  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  | 1  | Estimated Yield:gpm                        |   |                                 |                           |                             | 6 Elevation:  |                                 |                        |  | . 🔲 Gro                               | ound         | Level TOC     |  |
|  |  | Bore Hole Diameter: in. to                 |   |                                 |                           |                             | 0 0 10  |                                 |                        |  | ☐ GPS ☐ Topographic Map               |              |               |  |
| 1 n  | nile   |  | in. to                                      |                                 |                           |                             |   |                                 |                        | Other  |                                       |              |               |  |
| 7 WELL WATER TO BE USED AS:  |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
| 1. Domestic:   |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 | ow many wells?            |                             |   |                                 | 11. Test Hole: well ID |  |                                       |              |               |  |
| =  | ☐ Lawn & Garden 7. ☐ Aquifer R   |  |   |                                 |                           |                             |   |                                 |                        | Uncased (  |                                       |              |               |  |
| 2. ☐ Irrigation  | ☐ Livestock 8. ☐ Monitoring: well ID 2. ☐ Irrigation 9. Environmental Remediat |  |   |                                 |                           |                             |   | 12. Geothermal: how many bores? |                        |  |                                       |              |               |  |
| 3. ☐ Feedlo  |  |  | ] Air Sparge                                |                                 | il Vapor                  | •••                         | b) Open Loop  Surface Discharge  Inj. of Wa                                     |                                 |                        |  |                                       |              |               |  |
| 4. ☐ Industr   | ection   |  |   |                                 |                           | (specify):                  |   |                                 |                        |  |                                       |              |               |  |
| Was a cher   | nical/bacter   | iological san                              | nple subm                                   | itted to KD                     | HE? $\square$             | Yes □ N                     | lo I  | If yes, date                    | e sar                  | nple was submitte                                      | :d:                                   |              |               |  |
|  | disinfected?   |  |   |                                 | _                         | _                           |   | ,                               |                        | ı  |                                       |              |               |  |
| 8 TYPE O   | F CASING   | USED: □ S                                  | teel PV                                     | C  Other                        |                           | CA                          | SINC  | G JOINTS                        | :                      | Glued Clamped  | l 🗌 We                                | lded         | ☐ Threaded    |  |
|  |  |  |   |                                 |                           |                             |   |                                 |                        | in. to   |                                       |              |               |  |
|  | t above land s   |  |   |                                 |                           | lbs./                       | ft.   | Wall thick                      | cness                  | or gauge No  |                                       | •••          |               |  |
|  | SCREEN OR  |  | I'ION MA'                                   |                                 |                           |                             |   |                                 |                        | 7 (6)  |                                       |              |               |  |
| ☐ Steel<br>☐ Brass   | _  | less Steel<br>anized Steel                 |   | -                               | □ PVC<br>□ Nope i         | used (open l                | aola)   |                                 | ner (                  | Specify)   |                                       | • • • • • •  | •••••         |  |
| _  | R PERFOR   |  | NINGS AI                                    |                                 |                           | useu (open i                | 1010)   |                                 |                        |  |                                       |              |               |  |
|  |  | ☐ Mill Slot                                |   | auze Wrapped                    | To                        | orch Cut [                  | Dri   | lled Holes                      |                        | Other (Specify)  |                                       |              |               |  |
| Louve  |  | ☐ Key Punch                                |   |                                 |                           |                             |   | ne (Open H                      |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           |                             |   |                                 |                        | ft., From  |                                       |              |               |  |
| Gl   | RAVEL PAC  | K INTERV                                   | ALS: Fron                                   | 1 ft.                           | to                        | ft., Fro                    | m   | ft. to                          | 0                      | ft., From  | f                                     | t. to        | ft.           |  |
|  |  |  |   |                                 |                           |                             |   |                                 |                        | · · · · · · · · · · · · · · · · · · ·                  |                                       |              | •••••         |  |
|  | als: From<br>rce of possible   |  |   | potential sou                   | ree of cor                | It. to                      | thi   | It., From                       | ••••                   | ft. to   | It.                                   |              |               |  |
| Septic 7   |  |  | Lateral Line                                |                                 | it Privy                  | itaiiiiiatioii              |   | iii 200 it.<br>ivestock Pe      | ens                    | ☐ Insection  | cide Stor                             | age          |               |  |
| ☐ Sewer I  |  |  | Cess Pool                                   |                                 |                           | igoon                       |   | uel Storage                     |                        | ☐ Abando   |                                       |              | Vell          |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
| ☐ Other (Specify)  |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  | m well?<br>TO  |  | ITHOLOG                                     |                                 | e from w                  |                             |   |                                 |                        | ft.<br>HO. LOG (cont.) or                              |                                       | TINIC        | O INTERDITATE |  |
| 10 FROM  | 10   | <u>L</u>                                   | THOLUC                                      | JIC LUG                         |                           | FROM                        | L   | TO                              | LH                     | HO. LOG (cont.) of                                     | PLUG                                  | JINC         | INTERVALS     |  |
|  |  |  |   |                                 |                           | 1                           | +   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           |                             |   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           | **                          |   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           | Notes:                      |   |                                 |                        |  |                                       |              |               |  |
|  |  |  |   |                                 |                           | $\dashv$                    |   |                                 |                        |  |                                       |              |               |  |
| 11 CONT  | RACTOR'S   | OR LANDO                                   | OWNER'S                                     | S CERTIFIC                      | CATIO                     | N: This w                   | ater v  | well was F                      | T cc                   | onstructed, reco                                       | onstruct                              | ed. c        | or plugged    |  |
| under my ju  | risdiction an  | d was compl                                | eted on (m                                  | no-day-year)                    |                           | a                           | nd th   | is record i                     | is tru                 | ie to the best of m                                    | y know                                | ledg         | e and belief. |  |
| Kansas Wa  | ter Well Con   | tractor's Lice                             | ense No                                     |                                 | This W                    | ater Well 1                 | Reco  | rd was cor                      | nple                   | eted on (mo-day-y                                      | ear)                                  |              |               |  |
| under the b  | usiness name   | of   | - XX/A/DDD XX                               | ELL OWNER                       |                           | £                           |   | 1- F CC                         |                        | or each <u>constructed</u> we                          | .11                                   | <u></u>      |               |  |
| KS Departm   | S<br>nent of Health ar   | ena one copy to<br>id Environment          | WAIEK W<br>Bureau of V                      | ELL OWNER :<br>Vater, Geology : | and retain<br>Section, 10 | one for your<br>000 SW Jack | record<br>son St  | is. ree of \$5<br>t., Suite 420 | 1 UU.c<br>Tone         | or each <u>constructed</u> we<br>eka, Kansas 66612-136 | :11.<br>57. Telen                     | hone         | 785-296-3565. |  |
| -  | ttp://www.kdhel  |  |   |                                 | , -                       |                             |   | -,                              | r                      |  | · · · · · · · · · · · · · · · · · · · |              | A 82a-1212    |  |