KOLAR Document ID: 1592258

| WATER WELL R   |  |  | WWC-5<br>e in Well Us               |                       |                                  |  | ion of Water                                   |      |                      | <br>  Well ID   |                        |  |
|--|--|--|-------------------------------------|-----------------------|----------------------------------|--|--|------|----------------------|-----------------|------------------------|--|
| Original Record Correction Chang  1 LOCATION OF WATER WELL:  |  |  | Fraction                            |                       |                                  | Resources App. No. Section Number  |  |      | Township Number      |                 |                        |  |
| County:  |  |  | 1/4 1/4 1/4 1/4                     |                       |                                  | Section Number   |  |      | 1                    |                 | ange Number<br>□ E □ W |  |
| 2 WELL OWNER: La   |  | /4 /                                       |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  | 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:   |  |  |                                     |                       |                                  | incerton from hearest town of intersection). If at owner 3 address, effects here.  |  |      |                      |                 |                        |  |
| Address:   |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| City:  |  | State:                                     | ZIP:                                |                       |                                  |  | T  |      |                      |                 |                        |  |
| 3 LOCATE WELL  | 4 DEPTH  | OF COV                                     | WELL:                               |                       | ft. 5 Latitude:(decimal degrees) |  |  |      |                      |                 |                        |  |
| WITH "X" IN  | <b>4 DEPTH OF COMPLETED WELL:</b> Depth(s) Groundwater Encountered: 1) |  |                                     |                       |                                  | 11.  | Longitude:                                     |      |                      |                 |                        |  |
| SECTION BOX:   | 2) ft. 3) ft., or 4)   |  |                                     |                       |                                  |  |  |      | WGS 84 □ NAI         |                 |                        |  |
| IN .   | WELL'S STATIC WATER LEVEL:   |  |                                     |                       |                                  |  |  |      | Latitude/Longitude   |                 | TVID 21                |  |
|  |  | below land surface, measured on (mo-day-yi |                                     |                       |                                  |  |  |      |                      |                 | )                      |  |
| NW NE  | above land surface, measured on (mo-day-yr                             |  |                                     |                       |                                  |  | · (WAAS enabled? ☐ Yes ☐ No)                   |      |                      |                 |                        |  |
|  |  | Pump test data: Well water was ft.         |                                     |                       |                                  | ☐ Land Survey ☐ Topographic Map  |  |      |                      |                 |                        |  |
| W X E  | SW SE E after  |  |                                     |                       |                                  |  | Online Mapper:                                 |      |                      |                 |                        |  |
| SW   SE  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  | <b>6 Elevation</b> :ft. ☐ Ground Level ☐ TOC   |      |                      |                 |                        |  |
| S  | Estimated Yield:gpm  Bore Hole Diameter:in. to                         |  |                                     |                       |                                  |  |  |      |                      | Topographic Map |                        |  |
| mile   |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| 7 WELL WATER TO BE USED AS:  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| 1. Domestic:   |  |  | 10. ☐ Oil Field Water Supply: lease |                       |                                  |  |  |      |                      |                 |                        |  |
| ☐ Household  | 6. ☐ Dewatering: how many wells?                                       |  |                                     |                       |                                  |  | 11. Test Hole: well ID                         |      |                      |                 |                        |  |
| ☐ Lawn & Garden  |  |  | echarge: we                         |                       |                                  |  | ☐ Cased ☐ Uncased ☐ Geotechnical               |      |                      |                 |                        |  |
| Livestock  |  | 8. Monitoring: well ID                     |                                     |                       |                                  |  |  |      | l: how many bores    |                 |                        |  |
| 2. Irrigation  |  |  | al Remediati                        |                       |                                  |  |  |      | Loop Horizon         |                 |                        |  |
| 3. Feedlot   | ☐ Air Sparge ☐ Soil Vapor Ex   |  |                                     |                       |                                  |  | 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?  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| Casing diameter  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| Casing height above land surface   |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| Steel □ Stainless Steel □ PVC □ Other (Specify)  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| □ Brass □ Galvanized Steel □ None used (open hole)   |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| SCREEN OR PERFORATION OPENINGS ARE:  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| Louvered Shutter   | ☐ Key Puncl  |  |                                     |                       |                                  |  | ne (Open H                                     |      | (1 3)                |                 |                        |  |
| SCREEN-PERFORATI   | ED INTERV  | ALS: From                                  | ı f                                 | t. to                 | ft., Fro                         | om   | ft. to   | ·    | ft., From            | ft. 1           | to ft.                 |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.   |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| 9 GROUT MATERIA  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| Grout Intervals: From  |  |  |                                     |                       |                                  |  |  |      | ft. to               | ft.             |                        |  |
| Nearest source of possible   |  |  | potential so                        |                       | ntaminatio                       |  |  |      |                      |                 |                        |  |
| ☐ Septic Tank  |  | Lateral Line                               |                                     | Pit Privy             |                                  | _  | ivestock Per                                   |      | ☐ Insection          |                 |                        |  |
| Sewer Lines  |  | Cess Pool                                  |                                     | Sewage La<br>Feedyard | agoon                            |  | uel Storage<br>ertilizer Sto                   |      | ☐ Abando<br>☐ Oil We |                 |                        |  |
| ☐ Watertight Sewer Lir☐ Other (Specify)  |  | Seepage Pit                                |                                     |                       |                                  | ☐ F  | erunzer Sto                                    | rage | □ Oil we             | ii/Gas we       | 11                     |  |
| Direction from well?   |  |  |                                     |                       |                                  |  |  |      | ft                   |                 |                        |  |
| 10 FROM TO   |  | ITHOLO                                     |                                     | nee nom v             | FRON                             |  |  |      | HO. LOG (cont.) or   |                 | NG INTERVALS           |  |
| 10 1110111   |  |  | 210 200                             |                       | 11101                            |  |  | 2111 | 10.200 (40) 0.       | 120001          | rio ir ribir riibb     |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  | Notes:   |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
|  |  |  |                                     |                       |                                  |  |  |      |                      |                 |                        |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was $\square$ constructed, $\square$ reconstructed, or $\square$ 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 Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. |  |  |                                     |                       |                                  |  |  |      |                      |                 | one 785-296-3565.      |  |