KOLAR Document ID: 1587570

| WATER  Original                                                                                |                                          |                                            | on of Wate    |                                   |                                      | $\left. ight _{ m Well}$ | <sup>ID</sup> [                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------|---------------|-----------------------------------|--------------------------------------|--------------------------|---------------------------------------------------------------------------------|---------------------------------|-----------------------------------------|---------------------------------------------------|------------------|--------------|-----------------------------------------|--|
|                                                                                                |                                          |                                            |               | e in Well Use<br>Fraction         |                                      |                          |                                                                                 |                                 |                                         | Township Numb                                     |                  | Range Number |                                         |  |
| County:                                                                                        |                                          |                                            | 1/4 1/4       | 1/4                               |                                      | Section Number           |                                                                                 |                                 |                                         |                                                   |                  | □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: Address:                                                                              |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               | ZIP:                              |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| 3 LOCATE WELL                                                                                  |                                          |                                            | <b>'</b>      |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                | WITH "X", IN 4 DEPTH OF CO               |                                            |               | IPLETED WELL:                     |                                      |                          | It.                                                                             |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                | Depth(s) Groundwater Encountered: 1)  2) |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         | e:                                                |                  |              |                                         |  |
| N                                                                                              | WELL'S STATIC WATER LEVEL:               |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              | AD 21                                   |  |
|                                                                                                |                                          | below land surface, measured on (mo-day-yr |               |                                   |                                      |                          |                                                                                 |                                 |                                         | unit make/model:                                  |                  |              |                                         |  |
| NW                                                                                             | NE                                       | above la                                   |               |                                   |                                      |                          | WAAS enabled?                                                                   |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          | Pump test d                                |               | ☐ Land Survey ☐                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| w                                                                                              | E                                        | after                                      |               |                                   |                                      | nlin                     | e Mapper:                                                                       |                                 |                                         | • • • • • • • • • • • • • • • • • • • •           |                  |              |                                         |  |
| SW                                                                                             | SE                                       | after                                      | ft.           | -                                 |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          | Estimated Y                                | gpin          |                                   | 6 Elevation:ft. ☐ Ground Level ☐ TOC |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| S                                                                                              | <u> </u>                                 | Bore Hole I                                | ft. and       | 10. 0010                          |                                      |                          |                                                                                 | GPS Topographic Map             |                                         |                                                   |                  |              |                                         |  |
| 1 mile  in. to                                                                                 |                                          |                                            |               |                                   |                                      |                          | ☐ Other                                                                         |                                 |                                         |                                                   |                  |              |                                         |  |
| 7 WELL WATER TO BE USED AS:                                                                    |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| 1. Domestic: 5. ☐ Public Water Supply: well ID<br>☐ Household 6. ☐ Dewatering: how many wells? |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               | g: now many w<br>echarge: well II |                                      |                          |                                                                                 |                                 |                                         | : Hole: well ID<br>Cased ☐ Uncased ☐ Geotechnical |                  |              |                                         |  |
| _                                                                                              |                                          |                                            |               | g: well ID                        |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| 2.  Irrigation                                                                                 |                                          |                                            |               | al Remediation:                   |                                      |                          |                                                                                 | 12. Geothermal: how many bores? |                                         |                                                   |                  |              |                                         |  |
| 3. ☐ Feedlot                                                                                   | e 🔲 Soil                                 | Vapor 1                                    | Extraction    | ion b) Open                       |                                      |                          | Loop Surface Discharge Inj. of Water                                            |                                 |                                         |                                                   |                  |              |                                         |  |
| 4. Industri                                                                                    | ial                                      |                                            | Recovery      |                                   |                                      | 13. 🔲 Ot                 | ther (                                                                          | (specify):                      | • • • • • • • • • • • • • • • • • • • • |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               | itted to KDH                      | <b>E</b> ? □                         | Yes                      | o If                                                                            | f yes, date                     | e sar                                   | nple was submitte                                 | ed:              |              |                                         |  |
|                                                                                                | disinfected?                             |                                            |               |                                   |                                      | ~.                       | ~~~                                                                             |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         | Glued Clamped                                     |                  |              | ☐ Threaded                              |  |
|                                                                                                | t above land s                           |                                            |               |                                   |                                      | in. to<br>lbs./1         |                                                                                 |                                 |                                         | in. to or gauge No                                |                  |              |                                         |  |
|                                                                                                | CREEN OR                                 |                                            |               |                                   | •••••                                | 103./1                   |                                                                                 | vv an tiner                     | tiics                                   | of gauge 140                                      |                  | ••••         |                                         |  |
| ☐ Steel                                                                                        |                                          | less Steel                                 | 1011111       |                                   | PVC                                  |                          |                                                                                 | ☐ Otl                           | ner (S                                  | Specify)                                          |                  |              |                                         |  |
| ☐ Brass                                                                                        | ☐ Galva                                  | anized Steel                               |               |                                   | None t                               | ised (open h             | ole)                                                                            | _                               | `                                       | 1 2/                                              |                  |              |                                         |  |
| SCREEN O                                                                                       | R PERFORA                                |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| Contin                                                                                         |                                          | ☐ Mill Slot                                |               | auze Wrapped                      |                                      | orch Cut                 |                                                                                 |                                 |                                         | Other (Specify)                                   |                  |              | • • • • • • • • • • • • • • • • • • • • |  |
| _                                                                                              |                                          | ☐ Key Punch                                |               |                                   |                                      |                          |                                                                                 | e (Open H                       |                                         |                                                   |                  | C            | c                                       |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         | ft., From                                         |                  |              |                                         |  |
| 9 CROUT                                                                                        | MATERIA                                  | I · D Neat o                               | ement         | Cement grout                      | )<br>□ R <sub>4</sub>                | ntonite [                | 11<br>1 Othe                                                                    | 11. 10                          | )                                       | ft., From                                         |                  | π. ιο .      |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         | ft. to                                            |                  |              | •••••                                   |  |
|                                                                                                | ce of possible                           |                                            |               | potential source                  |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| ☐ Septic 7                                                                                     |                                          |                                            | Lateral Line  |                                   |                                      |                          |                                                                                 | vestock Pe                      |                                         | ☐ Insection                                       |                  |              |                                         |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well     |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| ☐ Other (Specify)                                                                              |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| 10 FROM                                                                                        | ТО                                       |                                            | ITHOLOG       |                                   | 110111 11                            | FROM                     |                                                                                 |                                 |                                         | HO. LOG (cont.) or                                |                  | GINC         | INTERVALS                               |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         | <u>.                                    </u>      |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          | -                                                                               |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      | Notes:                   |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      | 1                        |                                                                                 |                                 | _                                       |                                                   |                  |              |                                         |  |
|                                                                                                |                                          |                                            |               |                                   |                                      |                          |                                                                                 |                                 |                                         | onstructed, $\square$ reco                        |                  |              |                                         |  |
| Kansas Wat                                                                                     | er Well Con                              | u was compl<br>tractor's Lica              | ense No       | (uay-year<br>T                    | his W                                | aı<br>ater Well I        | iu illis<br>Record                                                              | s record t<br>d was cor         | ıs ıIl<br>nnl∈                          | ue to the best of meted on (mo-day-y              | ıy KIIOV<br>ear) | vieug        | e and benet.                            |  |
| under the bu                                                                                   | isiness name                             | of                                         |               | 1                                 |                                      | 77 C11 F                 |                                                                                 |                                 |                                         |                                                   |                  |              |                                         |  |
| W. C. D.                                                                                       |                                          | Send one copy to                           | WATER W       | ELL OWNER an                      | d retain                             | one for your             | records                                                                         | s. Fee of \$5                   | 5.00 f                                  | or each constructed we                            | ell.             |              | 705 00 5 05 T                           |  |
| _                                                                                              | ent of Health ar<br>tp://www.kdhek       |                                            |               | vater, Geology Se                 | ection, 10                           | JUU SW Jacks             | on St.,                                                                         | Suite 420,                      | Tope                                    | eka, Kansas 66612-136                             | o/. Telej        |              | 785-296-3565.<br>A 82a-1212             |  |
| , ion ao at III                                                                                | LP .// W W .KUIICE                       | Sold water wer                             | . maca.iitiii |                                   |                                      |                          |                                                                                 |                                 |                                         |                                                   |                  | 120          |                                         |  |