KOLAR Document ID: 1602138

| WATER WELL R   |   | rm WWC-5<br>hange in Well Use |   |                  | ision of Water<br>ources App. No                       |   | Well ID                           |  |  |
|--|---|-------------------------------|---|------------------|--|---|-----------------------------------|--|--|
| 1 LOCATION OF W.   |   | Fraction                      |   |                  | tion Number  | Township Numb                           |                                   |  |  |
| County:  | TIER WEEL   | 1/4 1/4                       | 1/4   | 1/4              |  | T S                                     | R DE DW                           |  |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and  |   |                               |   |                  |  |   |                                   |  |  |
| Business:  |   | lirection from                | rom nearest town or intersection): If at owner's address, check here: |                  |  |   |                                   |  |  |
| Address: Address:  |   |                               |   |                  |  |   |                                   |  |  |
| City:  | State:  | ZIP:                          |   |                  |  |   |                                   |  |  |
| 3 LOCATE WELL  |   |                               |   |                  |  |   |                                   |  |  |
| WITH "X" IN  | "X" IN 4 DEPTH OF COMPLETED WELL:                       |                               |   |                  |  |   |                                   |  |  |
| SECTION BOX:   | Depth(s) Groundwater Encountered: 1)                    |                               |   |                  | Longitude:(decimal degrees)                            |   |                                   |  |  |
| N  | 2) ft. 3) ft., or 4) ☐ Dr<br>WELL'S STATIC WATER LEVEL: |                               |   |                  | Datum: WGS 84 NAD 83 NAD 27                            |   |                                   |  |  |
|  | □ below land surface, measured on (mo-day-yr)           |                               |   |                  | Source for Latitude/Longitude:  GPS (unit make/model:) |   |                                   |  |  |
| NW NF  | above land surface, measured on (mo-day-yr)             |                               |   |                  | (WAAS enabled? ☐ Yes ☐ No)                             |   |                                   |  |  |
|  | Pump test data: Well water wasft.                       |                               |   |                  | ☐ Land Survey ☐ Topographic Map                        |   |                                   |  |  |
| W XE   | E afterhours pumpinggp.                                 |                               |   |                  |  |   | •••••                             |  |  |
| Well water was ft. after hours pumping gpm   |   |                               |   |                  |  |   |                                   |  |  |
|  | Estimated Yield:gpm                                     |                               |   |                  | 6 Elevati  | <b>on:</b> ft                           | .   Ground Level  TOC             |  |  |
| S  |   |                               |   |                  |  | Source: Land Survey GPS Topographic Map |                                   |  |  |
| mile   |   |                               |   |                  |  |   |                                   |  |  |
| 7 WELL WATER TO BE USED AS:  |   |                               |   |                  |  |   |                                   |  |  |
| 1. Domestic: 5. ☐ Public Water Supply: well ID   |   |                               |   |                  |  |   |                                   |  |  |
| ☐ Household 6. ☐ Dewatering: how many wells?   |   |                               |   |                  |  |   |                                   |  |  |
|  | ☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID          |                               |   |                  | ☐ Cased ☐ Uncased ☐ Geotechnical                       |   |                                   |  |  |
| ☐ Livestock 2. ☐ Irrigation  | <u> </u>  |                               |   |                  | 12. Geothermal: how many bores?                        |   |                                   |  |  |
| 2. ☐ Infigation 9. Environmental Remediation. Well 10 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext   |   |                               |   |                  | b) Open Loop  Surface Discharge Inj. of Water          |   |                                   |  |  |
| 4. ☐ Industrial  | Reco  |                               | _   |                  |  |   |                                   |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:   |   |                               |   |                  |  |   |                                   |  |  |
| Water well disinfected? $\square$ Yes $\square$ No   |   |                               |   |                  |  |   |                                   |  |  |
| 8 TYPE OF CASING USED:  Steel PVC Other  |   |                               |   |                  |  |   |                                   |  |  |
| Casing diameter in. to ft., Diameter ft., Diameter ft.   |   |                               |   |                  |  |   |                                   |  |  |
| Casing height above land surface   |   |                               |   |                  |  |   |                                   |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |   |                               |   |                  |  |   |                                   |  |  |
| ☐ 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 Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)   |   |                               |   |                  |  |   |                                   |  |  |
| SCREEN-PERFORATED INTERVALS: From  |   |                               |   |                  |  |   |                                   |  |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft.   |   |                               |   |                  |  |   |                                   |  |  |
| 9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other   |   |                               |   |                  |  |   |                                   |  |  |
| Grout Intervals: From  |   |                               |   |                  |  |   |                                   |  |  |
| Nearest source of possible contamination: No potential source of contamination within 200 ft.  |   |                               |   |                  |  |   |                                   |  |  |
| □ Septic Tank       □ Lateral Lines       □ Pit Privy       □ Livestock Pens       □ Insecticide Storage         □ 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)  |   |                               |   |                  |  |   |                                   |  |  |
| Direction from well?   |   |                               | m wel   |                  |  |   |                                   |  |  |
| 10 FROM TO   | LITHO   | LOGIC LOG                     |   | FROM             | TO L   | ITHO. LOG (cont.) or                    | PLUGGING INTERVALS                |  |  |
|  |   |                               |   |                  |  |   |                                   |  |  |
|  |   |                               |   |                  |  |   |                                   |  |  |
|  |   |                               |   |                  |  |   |                                   |  |  |
|  |   |                               |   |                  |  |   |                                   |  |  |
|  |   |                               |   |                  |  |   |                                   |  |  |
|  |   |                               |   | Notes:           |  |   | <del></del>                       |  |  |
|  |   |                               |   |                  |  |   |                                   |  |  |
| 11 CONTDACTOD'S OD I ANDOWNED'S CEDTIFICATION. This wester well was Departmented Departmented and Department |   |                               |   |                  |  |   |                                   |  |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☐ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo-day-year)  |   |                               |   |                  |  |   |                                   |  |  |
| Kansas Water Well Contractor's License No  |   |                               |   |                  |  |   |                                   |  |  |
| 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.  |   |                               |   |                  |  |   |                                   |  |  |
| 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.   |   |                               |   |                  |  |   |                                   |  |  |
| KS Department of Health or   | Send one copy to WAT                                    | ER WELL OWNER and re          | etain on  | ne for your reco | ords. Fee of \$5.0                                     | 0 for each constructed we               | ell.<br>57 Telephone 785 206 2565 |  |  |