KOLAR Document ID: 1489850

| □ Original Record □ Correction □ Change in Well Use   |  |                                     |                                    |             |   |                         | Division of Water                         |   |                     |            |                           |                        |  |
|---|--|-------------------------------------|------------------------------------|-------------|---|-------------------------|---|---|---------------------|------------|---------------------------|------------------------|--|
|   |  |                                     | ge in Well Use                     |             |   |                         | irces App. N                              |   | Т1.                 |            | Well ID                   | NII                    |  |
| 1 LOCATION OF WATER WELL: County:   |  |                                     | Fraction 1/4 1/4 1/4 1/4           |             |   | Section Number          |   |   | Township Number T S |            |                           | Range Number R □ E □ W |  |
| •   | First:   | /-                                  | · ·                                | r Dur       | al Addrage  | wher                    |   |   |                     |            |                           |                        |  |
| 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance a direction from nearest town or intersection): If at owner's address, check here |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| Address:  |  |                                     |                                    |             | direction   | TOIII IIC               | carest town of                            | imers                                   | cetion). If a       | owner      | , address, c              | meek nere.             |  |
| Address:  |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| City:   |  | State:                              | ZIP:                               |             |   |                         | 1   |   |                     |            |                           |                        |  |
| 3 LOCATI  |  | 4 DEPTH OF COM                      | IPLETED WI                         | ELL:        |   | ft. <b>5 Latitude</b> : |   |   |                     |            |                           | (decimal degrees)      |  |
| WITH "SECTIO  |  |                                     | Encountered: 1) ft.                |             |   |                         | Longitude:(decimal degrees)               |   |                     |            |                           |                        |  |
| SECTIO  | 3) ft., or 4) 🗌 Dry Well   |                                     |                                    |             | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27   |                         |   |   |                     |            |                           |                        |  |
| WELL'S STATIC WA  |  |                                     | TER LEVEL: ft.                     |             |   |                         | Source for Latitude/Longitude:            |   |                     |            |                           |                        |  |
| l   | 1  |                                     | urface, measured on (mo-day-yr)    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     | e, measured on (mo-day-yr)         |             |   |                         | (11 11 11 11 11 11 11 11 11 11 11 11 11   |   |                     |            |                           |                        |  |
| Pump test data: Well w  |  |                                     | s pumping gpm                      |             |   |                         | ☐ Land Survey ☐ Topographic Map           |   |                     |            |                           |                        |  |
| Well v  |  |                                     | vater was ft.                      |             |   |                         | ☐ Online Mapper:                          |   |                     |            |                           |                        |  |
| SW   SE   after hour  |  |                                     | s pumping gpm                      |             |   |                         |   |   |                     |            |                           |                        |  |
| L X   |  | Estimated Yield:                    |                                    |             |   |                         | 6 Elevation:ft. ☐ Ground Level ☐ TOC      |   |                     |            |                           |                        |  |
| S Bore Hole Diameter  |  |                                     | in. to ft. and                     |             |   |                         | Source:   Land Survey GPS Topographic Map |   |                     |            |                           |                        |  |
| 1 m   |  | I .                                 | in. to ft.                         |             |   |                         | Other                                     |   |                     |            |                           |                        |  |
|   |  | BE USED AS:                         |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| 1. Domestic:  |  | 5. Public Wa                        |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     | g: how many wells?echarge: well ID |             |   |                         | 11. Test Hole: well ID                    |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             | ☐ Cased ☐ Uncased ☐ Geotechnical  |                         |   |   |                     |            |                           |                        |  |
| <del></del>   |  |                                     | g: well IDal Remediation: well ID  |             |   |                         | 12. Geothermal: how many bores?           |   |                     |            |                           |                        |  |
| 2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge   |  |                                     |                                    |             | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |                         |   |   |                     |            |                           |                        |  |
| 4. ☐ Industrial ☐ Recovery  |  |                                     | ☐ Injec                            |             | 13. Other (specify):  |                         |   |   |                     |            |                           |                        |  |
|   | Was a chemical/bacteriological sample submitted to KDHE?  \[ \sqrt{Yes} \] No If yes, date sample was submitted: |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  | Yes No                              | nited to KDIII                     | ъ: <u> </u> | ies 🗀   | INO                     | 11 yes, date                              | Sam                                     | pie was su          | ommueu.    |                           | •••••                  |  |
|   |  | USED: Steel PV                      | C D Other                          |             |   | A CINI                  | C IOINTS                                  | · 🗆                                     | Glued $\square$ C   | lampad     | □ Waldar                  | I D Throadad           |  |
|   |  | in. to ft.,                         |                                    |             |   |                         |   |   |                     |            |                           | 1 🔲 Illieaded          |  |
|   |  | surface in                          |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  | PERFORATION MAT                     |                                    |             |   | ., 201                  | ,, 411 (111011                            |   | or gauge 110        |            |                           |                        |  |
| ☐ Steel   |  | iless Steel                         |                                    | PVC         |   |                         | ☐ Oth                                     | her (S                                  | pecify)             |            |                           |                        |  |
| ☐ Brass   | ☐ Galv   | anized Steel                        |                                    |             | used (open  | hole)                   |   | , ,                                     | , ,                 |            |                           |                        |  |
| SCREEN O  | R PERFOR   | ATION OPENINGS A                    |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     | auze Wrapped                       |             |   |                         | illed Holes                               |   | Other (Speci        | fy)        |                           |                        |  |
|   |  | ☐ Key Punched ☐ W                   |                                    |             |   |                         | one (Open H                               |   |                     |            |                           |                        |  |
|   |  | ED INTERVALS: From                  |                                    |             |   |                         |   |   |                     |            | ft. to                    |                        |  |
|   |  | CK INTERVALS: From                  |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  | L: Neat cement                      |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  | ft. to                              |                                    |             |   |                         |   | • | ft. to              |            | ft.                       |                        |  |
| Nearest sour  |  | e contamination: No<br>Lateral Line |                                    |             | ntaminatio  |                         | iin 200 π.<br>Livestock Pe                | <b></b>                                 |                     | Incontini  | da Staraga                |                        |  |
| ☐ Septic .  |  | Cess Pool                           | Sew                                |             | agoon   |                         | Fuel Storage                              |   |                     |            | de Storage<br>ied Water V |                        |  |
| _   | ght Sewer Lin  |                                     |                                    |             | agoon   |                         | Fertilizer Sto                            |   |                     |            | Gas Well                  | WCII                   |  |
| Other (Specify)   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| Direction from well? Distance from well?  |  |                                     |                                    |             |   |                         | ft.                                       |   |                     |            |                           |                        |  |
| 10 FROM   | TO   | LITHOLOG                            | GIC LOG                            |             | FRO   | M                       | TO  | LITH                                    | HO. LOG (co         | ont.) or F | LUGGIN                    | G INTERVALS            |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             | Notes   | :                       |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   |  |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| II CONTI  | 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   constructed,   reconstructed, or   plugged   |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| Kansas Was  | irisuiction an   | u was completed on (m               | (io-uay-year                       | hie W       | ater Wall   | and th                  | uis record 1                              | is true                                 | ed on (me           | ι or my    | knowledg<br>r)            | ge and benef.          |  |
| under the hi  | under my jurisdiction and was completed on (mo-day-year)   |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
| ander the U   | Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.      |                                     |                                    |             |   |                         |   |   |                     |            |                           |                        |  |
|   | nent of Health a   | nd Environment, Bureau of W         |                                    |             |   |                         |   |   |                     |            | . Telephone               |                        |  |
| Visit us at ht  | ttp://www.kdhel  | ks.gov/waterwell/index.html         |                                    |             |   |                         |   |   |                     |            | KS                        | SA 82a-1212            |  |