KOLAR Document ID: 1520474

| WAIER  | Division of Water                        |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|--|--|-------------------------------|-----------------------------------|-------------|--|---|----------------------------------|---------------|------------|-------------------------|-------------|--|--|
|  |  |                               | e in Well Use                     |             |  | irces App. N  |                                  | 1. ! )        |            | Well ID                 | N1          |  |  |
| 1 LOCATION OF WATER WELL: County:  |  |                               | Fraction 1/4 1/4                  | 1/4 1/4     | Section Nu                                       |   |                                  | Township Numb |            | Range Number R          |             |  |  |
| •  |  | N                             | First:                            |             | Street or Rural Address where well is located (i |   |                                  |               |            |                         |             |  |  |
| 2 WELL OWNER: Last Name: First: 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:   | Address:                                 |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| Address:   |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| City:  |  | State:                        | ZIP:                              |             |  |   |                                  |               |            |                         |             |  |  |
|  | 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: |                               |                                   |             |  |   | ft. 5 Latitude:(decimal degrees) |               |            |                         |             |  |  |
| WITH "<br>SECTIO   |  |                               | Encountered: 1) ft.               |             |  | Longitude:(decimal degrees)   |                                  |               |            |                         |             |  |  |
| SECTIO<br>N  |  | 2) ft. 3                      | 3) ft., or 4) 🗌 Dry Well          |             |  | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27   |                                  |               |            |                         |             |  |  |
| WELL'S STATIC WA   |  |                               | TER LEVEL: ft.                    |             |  | Source for Latitude/Longitude:  |                                  |               |            |                         |             |  |  |
|  |  |                               | ace, measured on (mo-day-yr)      |             |  | Si S (unit induse, insecti  |                                  |               |            |                         |             |  |  |
|  |  |                               | , measured on (mo-day-yr)         |             |  | (WAAS enabled? ☐ Yes ☐ No)  |                                  |               |            |                         |             |  |  |
| Pump test data: Well w   |  |                               | s pumping gpm                     |             |  | ☐ Land Survey ☐ Topographic Map   |                                  |               |            |                         |             |  |  |
|  |  |                               | vater was ft.                     |             |  | ☐ Online Mapper:  |                                  |               |            |                         |             |  |  |
| SW   SE   after hours  |  |                               | pumping gpm                       |             |  |   |                                  |               |            |                         |             |  |  |
| Estimated Yield:   |  |                               | gpm                               |             |  | 6 Elevation:ft. ☐ Ground Level ☐ TOC  |                                  |               |            |                         |             |  |  |
|  |  |                               | in. to ft. and                    |             |  | Source:   Land Survey GPS Topographic Map   |                                  |               |            |                         |             |  |  |
| 1 r  |  |                               | in. to                            |             | Other  |   |                                  |               |            |                         |             |  |  |
|  |  | BE USED AS:                   |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| 1. Domestic:   |  |                               | ter Supply: well ID               |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               | g: how many wells?                |             |  | 11. Test Hole: well ID  |                                  |               |            |                         |             |  |  |
|  |  |                               | echarge: well ID                  |             |  | ☐ Cased ☐ Uncased ☐ Geotechnical  12. Geothermal: how many bores?                       |                                  |               |            |                         |             |  |  |
|  |  |                               | g: well IDal Remediation: well ID |             |  |   |                                  |               |            |                         |             |  |  |
| 2. ☐ Irrigation 9. Environmenta 3. ☐ Feedlot ☐ Air Sparge  |  |                               |                                   |             |  | a) Closed Loop ☐ Horizontal ☐ Vertical 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:   |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| Casing diameter in. to   |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| ☐ Steel  |  | iless Steel                   | □ PVC                             |             |  | ☐ Oth   | ner (Sp                          | ecify)        |            |                         |             |  |  |
| ☐ Brass  | ☐ Galv                                   | anized Steel                  |                                   | used (oper  | hole)  |   | ` 1                              | ,             |            |                         |             |  |  |
| SCREEN C   | OR PERFOR                                | ATION OPENINGS A              |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  | ☐ Key Punched ☐ W             |                                   |             |  | one (Open H   |                                  |               |            |                         |             |  |  |
|  |  | ED INTERVALS: From            |                                   |             |  |   |                                  |               |            | ft. to                  |             |  |  |
|  |  | CK INTERVALS: From            |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  | L: ☐ Neat cement ☐            |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  | ft. to                        |                                   |             |  |   | •••••                            | ft. to        |            | ft.                     |             |  |  |
| Nearest sou  ☐ Septic  |  | e contamination: No           |                                   | ontaminatio |  | nn 200 ft.<br>Livestock Pe  |                                  | Πт            | naaatiaid  | o Ctomoro               |             |  |  |
| ☐ Septic   |  | ☐ Lateral Line<br>☐ Cess Pool | es                                | 20001       | _  |   |                                  |               |            | e Storage<br>ed Water ' | Wall        |  |  |
|  | ight Sewer Lin                           | <u> </u>                      |                                   |             |  | Fertilizer Sto  |                                  |               |            | Gas Well                | /V CII      |  |  |
| Other (Specify)  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               | ft.                               |             |  |   |                                  |               |            |                         |             |  |  |
| 10 FROM  | TO                                       | LITHOLOG                      | GIC LOG                           | FRO         | M  | TO  | LITH                             | O. LOG (co    | nt.) or Pl | LUGGIN                  | G INTERVALS |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   | Notes       | <b>::</b>  |   |                                  |               |            |                         |             |  |  |
|  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| 44 CONTRACTION OF A AND ON A AND ON A AND ON A STATE OF THE STATE OF T |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| 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)   |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| 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.  |  |                               |                                   |             |  |   |                                  |               |            |                         |             |  |  |
|  | nent of Health a                         | nd Environment, Bureau of W   |                                   |             |  |   |                                  |               |            |                         |             |  |  |
| Visit us at h  | ttp://www.kdhel                          | ks.gov/waterwell/index.html   |                                   |             |  |   |                                  |               |            | KS                      | A 82a-1212  |  |  |