## KOLAR Document ID: 1421951

|                                                                                                                                                                             | WELL R                                                                                                                                                                   |                  |                     | WWC-5                      |                                         | vision of Wat                                                                  |                                                             |                         |              |             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------|----------------------------|-----------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------|--------------|-------------|--|
| Original Record Correction Change in Well Use                                                                                                                               |                                                                                                                                                                          |                  |                     |                            |                                         | ion Number   Township Number   Range Number                                    |                                                             |                         |              |             |  |
| 1 LOCATION OF WATER WELL:<br>County:Fraction1/41/41/41/4                                                                                                                    |                                                                                                                                                                          |                  |                     |                            | cuon numb                               | T S R $\square$ E $\square$ W                                                  |                                                             |                         |              |             |  |
| county:                                                                                                                                                                     |                                                                                                                                                                          |                  |                     |                            |                                         | reet or Rural Address where well is located (if unknown, distance and          |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         | rection from nearest town or intersection): If at owner's address, check here: |                                                             |                         |              |             |  |
| Address:                                                                                                                                                                    |                                                                                                                                                                          |                  |                     |                            | uncetion nom                            |                                                                                |                                                             |                         |              |             |  |
| Address:                                                                                                                                                                    |                                                                                                                                                                          |                  | _                   |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| City:                                                                                                                                                                       |                                                                                                                                                                          |                  | State:              | ZIP:                       |                                         |                                                                                |                                                             |                         |              |             |  |
| <b>3</b> LOCATE WELL<br>WITH WY DI <b>4</b> DEPTH OF COMPLETED WELL:                                                                                                        |                                                                                                                                                                          |                  |                     |                            | f                                       | ft. <b>5 Latitude</b> :(decimal degrees)                                       |                                                             |                         |              |             |  |
|                                                                                                                                                                             | WITH "X" IN<br>SECTION BOX:                                                                                                                                              |                  |                     |                            | ft.                                     |                                                                                | gitude:(decimal degrees)                                    |                         |              |             |  |
|                                                                                                                                                                             | N 2) ft. 3) ft., or 4) $\Box$                                                                                                                                            |                  |                     |                            |                                         |                                                                                |                                                             | WGS 84 🗌 NAI            |              | IAD 27      |  |
|                                                                                                                                                                             | WELL'S STATIC WATER LEVEL:                                                                                                                                               |                  |                     |                            |                                         |                                                                                |                                                             | Latitude/Longitude:     |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     | yr)                        |                                         | $\Box$ GPS (unit make/model:)                                                  |                                                             |                         |              |             |  |
| NW                                                                                                                                                                          | NE                                                                                                                                                                       | Pump test d      |                     | yr)                        |                                         |                                                                                | WAAS enabled?                                               |                         | <b>o</b> )   |             |  |
| w                                                                                                                                                                           | E                                                                                                                                                                        |                  | hours               |                            |                                         | □ Land Survey □ Topographic Map<br>□ Online Mapper:                            |                                                             |                         |              |             |  |
|                                                                                                                                                                             | · ·                                                                                                                                                                      | arcorri          | Well w              |                            |                                         | Jiiiiie                                                                        |                                                             |                         |              |             |  |
| SW                                                                                                                                                                          | SE                                                                                                                                                                       | after            | hours               | gpm                        |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          | Estimated Y      |                     |                            | 6 Elevation:ft. 	Ground Level 	TOC      |                                                                                |                                                             |                         |              |             |  |
| S                                                                                                                                                                           |                                                                                                                                                                          | Bore Hole I      |                     |                            | Source: Land Survey GPS Topographic Map |                                                                                |                                                             |                         |              |             |  |
| 1 m                                                                                                                                                                         |                                                                                                                                                                          |                  |                     | in. to                     | It.                                     |                                                                                |                                                             | Ouler                   |              |             |  |
| 7 WELL WATER TO BE USED AS:         1. Domestic:       5. <ul> <li>Public Water Supply: well ID</li> <li>10.              <li>Oil Field Water Supply: lease</li> </li></ul> |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             | □ Household 5. □ Public Water Supply: Well ID<br>6. □ Dewatering: how many wells?                                                                                        |                  |                     |                            |                                         |                                                                                | 10. Oil Field Water Supply: lease<br>11. Test Hole: well ID |                         |              |             |  |
|                                                                                                                                                                             | □ Lawn & Garden                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             | $\Box$ Uncased $\Box$ C |              |             |  |
|                                                                                                                                                                             | Livestock S. Monitoring: well ID                                                                                                                                         |                  |                     |                            |                                         |                                                                                |                                                             | al: how many bores      |              |             |  |
| 2. 🗌 Irrigatio                                                                                                                                                              | 2. □ Irrigation 9. Environmental Remediation: well ID                                                                                                                    |                  |                     |                            |                                         |                                                                                |                                                             | Loop Horizont           |              |             |  |
|                                                                                                                                                                             | 3. 🗌 Feedlot 🗌 Air Sparge 🗌 So                                                                                                                                           |                  |                     |                            | Extraction                              |                                                                                |                                                             |                         |              |             |  |
| 4. Industrial Recovery Injection                                                                                                                                            |                                                                                                                                                                          |                  |                     |                            |                                         | 13. 🗖 C                                                                        | 13. 🗌 Other (specify):                                      |                         |              |             |  |
| Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:                                                                         |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Water well disinfected? Ves No                                                                                                                                              |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded                                                                                         |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Casing diameter in. to ft., Diameter in. to ft., Diameter ft.                                                                                                               |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Casing height above land surface                                                                                                                                            |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                     |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Steel       Steel       Fiberglass       PVC       Other (Specify)         Prose       Columnized Steel       Concrete tile       None used (oner hele)                     |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:                                                                   |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| □ Continuous Slot □ Mill Slot □ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)                                                                                 |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| $\Box$ Louvered Shutter $\Box$ Key Punched $\Box$ Wire Wrapped $\Box$ Saw Cut $\Box$ None (Open Hole)                                                                       |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| SCREEN-PERFORATED INTERVALS: From                                                                                                                                           |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.                                                                                                    |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| 9 GROUT MATERIAL:  Neat cement  Cement grout Bentonite Other                                                                                                                |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.                                                                                                          |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Nearest sour                                                                                                                                                                |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Septic T                                                                                                                                                                    |                                                                                                                                                                          |                  | Lateral Line        |                            |                                         | Livestock P                                                                    |                                                             |                         | ide Storage  |             |  |
| Sewer L                                                                                                                                                                     |                                                                                                                                                                          |                  | Cess Pool           | □ Sewage Lag<br>□ Feedyard |                                         | Fuel Storage                                                                   |                                                             |                         | oned Water V | well        |  |
| □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well □ Other (Specify)                                                                |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Direction from well?                                                                                                                                                        |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| 10 FROM                                                                                                                                                                     | TO                                                                                                                                                                       |                  | ITHOLOG             |                            | FROM                                    | TO                                                                             |                                                             | HO. LOG (cont.) or      |              | G INTERVALS |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| l                                                                                                                                                                           |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            | Notes:                                  |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             |                                                                                                                                                                          |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| II CONTR                                                                                                                                                                    | <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) |                  |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
| Kansas Wat                                                                                                                                                                  | er Well Com                                                                                                                                                              | tractor's Lie    | ense No             |                            | ter Well Re                             | cord was co                                                                    | mnle                                                        | ted on (mo-day-ve       | y Knowledg   |             |  |
|                                                                                                                                                                             | siness name                                                                                                                                                              | of               |                     |                            |                                         |                                                                                |                                                             |                         |              |             |  |
|                                                                                                                                                                             | S                                                                                                                                                                        | lend one copy to | ) WATER W           | ELL OWNER and retain of    | one for your rec                        | ords. Fee of \$                                                                | 5.00 f                                                      | or each constructed we  | 11.          |             |  |
| -                                                                                                                                                                           |                                                                                                                                                                          |                  |                     | Water, Geology Section, 10 | 00 SW Jacksor                           | 1 St., Suite 420                                                               | , Tope                                                      | ka, Kansas 66612-136    |              |             |  |
| v 1sit us at ht                                                                                                                                                             | tp://www.kdhek                                                                                                                                                           | s.gov/waterwel   | <u>i/index.ntml</u> |                            |                                         |                                                                                |                                                             |                         | V2           | SA 82a-1212 |  |