KOLAR Document ID: 1420148

| WATER WE   |                                     | ECORD Correction                     |                     | WWC-5<br>e in Well U                      |                |                                   |  | sion of Wate                                  | - 1                    |  | <br>  Well I                            | <sup>D</sup> [                          |               |  |
|--|-------------------------------------|--------------------------------------|---------------------|---|----------------|-----------------------------------|--|---|------------------------|--|---|---|---------------|--|
| 1 LOCATION OF WATER WELL:  |                                     |                                      | Fraction            |   |                | Resources App. No. Section Number |  |   | Township Numb          |  | Range Number                            |   |               |  |
| County:  |                                     |                                      | 1/4                 | 1/4 1/4                                   | 1/4            | БССП                              | ion i vainoe   | ,1  | T S R                  |  |   | □ E □ W                                 |               |  |
|  |                                     |                                      |                     |   |                |                                   | treet or Rural Address where well is located (if unknown, distance and           |   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                |                                   | lirection from nearest town or intersection): If at owner's address, check here: |   |                        |  |   |   |               |  |
| Address:   | Address: Address:                   |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| City: State:   |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| 3 LOCATE WEI   | LL                                  |                                      |                     | ZIP:                                      |                |                                   | -  |   | _                      |  |   |   |               |  |
| WITH "X" IN  | 4 DEPTH OF COMPLETED WELL: .        |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| SECTION BOX  | X:                                  | Depth(s) Groundwater Encountered: 1) |                     |   |                |                                   | .11  | Longitude:                                    |                        |  |   |   |               |  |
| N  |                                     | WELL'S STATIC WATER LEVEL:           |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
|  | ☐ below land surface, measured      |                                      |                     |   |                |                                   |  |   |                        | unit make/model:                             |   |   | )             |  |
| NW NE  | above land surface                  |                                      |                     |   |                |                                   |  |   | WAAS enabled?          |  |   |   |               |  |
|  | Pump test data: Well v              |                                      |                     |   |                |                                   |  |   | Survey   Topogr        |  |   |   |               |  |
| w  | E afterl                            |                                      |                     |   |                |                                   |  | nline   | e Mapper:              |  | ••••                                    | • |               |  |
| SW SE  | X                                   |                                      |                     | Well water was ft. after hours pumping gp |                |                                   |  |   |                        |  |   |   |               |  |
| X  |                                     | Estimated Yield:gpm                  |                     |   |                |                                   |  | <b>6 Elevation</b> :ft. ☐ Ground Level ☐      |                        |  |   |   |               |  |
| S  | <u></u>                             | Bore Hole Diameter: in. to           |                     |   |                |                                   | and <u>Source</u> : Land Survey GPS To   |   |                        |  |   |   |               |  |
| · ·  | 1 mile                              |                                      |                     |   |                | ft.                               | ft. L  |   |                        | Other  |   |   |               |  |
| 7 WELL WATE  | ER TO                               |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| 1. Domestic: 5. Public Water Supply: well ID   |                                     |                                      |                     |   |                |                                   |  | 10. Oil Field Water Supply: lease             |                        |  |   |   |               |  |
| ☐ Household 6. ☐ Dewaterin   |                                     |                                      |                     |   |                |                                   |  |   | 11. Test Hole: well ID |  |   |   |               |  |
| ☐ Lawn & Gard ☐ Livestock  | ☐ Lawn & Garden 7. ☐ Aquifer Rec    |                                      |                     |   |                |                                   |  |   |                        | d  Uncased Geotechnical mal: how many bores? |   |   |               |  |
| 2. ☐ Irrigation  | _                                   |                                      |                     |   |                |                                   |  | a) Closed Loop    Horizontal    Vertical      |                        |  |   |   |               |  |
| 3. ☐ Feedlot   |                                     |                                      | Air Sparge          |   | Soil Vapor     |                                   |  | b) Open Loop  Surface Discharge Inj. of Water |                        |  |   |   |               |  |
| 4. ☐ Industrial  |                                     |                                      | 13. 🔲 Ot            | her (                                     | (specify):     |                                   |  |   |                        |  |   |   |               |  |
| Was a chemical/  | bacteri                             | ological san                         | nple subm           | itted to <b>F</b>                         | KDHE? □        | Yes 🔲                             | No   | If yes, date                                  | sar                    | nple was submitte                            | :d:                                     |   |               |  |
| Water well disinf  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| 8 TYPE OF CA   |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   | ☐ Threaded    |  |
| Casing diameter  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| Casing height abov<br>TYPE OF SCREI  |                                     |                                      |                     |   | ht             | IDS                               | ./II.  | wall thick                                    | iness                  | or gauge No                                  | • | • • •                                   |               |  |
|  |                                     | less Steel                           | Fiber               |   | □PVC           |                                   |  | □ Oth   | ner (S                 | Specify)                                     |   |   |               |  |
|  |                                     | anized Steel                         | ☐ Conci             | _   | ☐ None ι       | ised (open                        | hole)  |   | 101 (1                 | specify)                                     |   | •••••                                   |               |  |
|  | SCREEN OR PERFORATION OPENINGS ARE: |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| ☐ Continuous S   |                                     | ☐ Mill Slot                          |                     | auze Wrapj                                |                |                                   |  |   |                        | Other (Specify)                              |   | · • • • • •                             |               |  |
| Louvered Sh  |                                     | ☐ Key Punch                          |                     |   |                |                                   |  | one (Open H                                   |                        |  |   |   |               |  |
| SCREEN-PERFO   |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| GRAVEL PACK INTERVALS: From  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Sentonite Other                                 |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| Nearest source of  |                                     |                                      |                     | 10., 1 10111                              | ••••••         | 11. 10                            |  | 11., 1 10111                                  |                        | 16. 60                                       |   |   |               |  |
| ☐ 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)  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| 10 FROM TO   |                                     |                                      | ITHOLOG             |   | ance from w    | FRO                               |  |   |                        | HO. LOG (cont.) or                           |   | INC                                     | INTERVALS     |  |
|  |                                     |                                      |                     |   |                |                                   |  | -   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
|  | +                                   |                                      |                     |   |                | Notes                             | <br>:  |   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                | 1,3668                            | -  |   |                        |  |   |   |               |  |
|  |                                     |                                      |                     |   |                |                                   |  |   |                        |  |   |   |               |  |
| 11 CONTRACT  | OR'S                                | OR LANDO                             | )WNER'S             | S CERTI                                   | FICATION       | V: This v                         | vater  | well was                                      | cc                     | onstructed, reco                             | onstructe                               | ed, c                                   | or plugged    |  |
| under my jurisdic  | tion an                             | d was compl                          | eted on (m          | no-day-ye                                 | ar)            | ntor Wall                         | and th   | nis record i                                  | s tru                  | ie to the best of m<br>eted on (mo-day-y     | y knowl                                 | edg                                     | e and belief. |  |
| Lander the husines   | s name                              | nacior s Lice                        | inse INO            |   | 1 ms W         | ater well                         | кесо   | nu was cor                                    | пріе                   | neu on (mo-day-y                             | ear)                                    | <br>                                    |               |  |
| under the busines  | S                                   | end one copy to                      | WATER W             | ELL OWNI                                  | ER and retain  | one for you                       | r recor  | ds. Fee of \$5                                | .00 f                  | or each constructed we                       | ell.                                    |   |               |  |
| KS Department of   | Health ar                           | nd Environment,                      | , Bureau of W       | Vater, Geolo                              | gy Section, 10 | 000 SW Jac                        | kson S   | t., Suite 420,                                | Tope                   | eka, Kansas 66612-136                        | <ol><li>Teleph</li></ol>                | none                                    | 785-296-3565. |  |
| Visit us at http://ww  | /w.kdhek                            | <u>.s.gov/waterwel</u>               | <u>I/ındex.html</u> |   |                |                                   |  |   |                        |  |   | KSA                                     | A 82a-1212    |  |