KOLAR Document ID: 1492602

| WAIER   |                  | Division of Water                 |                                   |                    |                      |   |   |            |             |                         |             |  |
|---|------------------|-----------------------------------|-----------------------------------|--------------------|----------------------|---|---|------------|-------------|-------------------------|-------------|--|
|   |                  |                                   | e in Well Use                     |                    |                      | urces App. N                            |   | r1.11      |             | Well ID                 | NII         |  |
| 1 LOCATION OF WATER WELL:   |                  |                                   | Fraction 1/4 1/4                  | 1/4                | Sec                  | tion Numbe                              | n Number Township Numb  |            |             | er Range Number R DE W  |             |  |
| County:  2 WELL OWNER: Last Name:   |                  |                                   | First:                            |                    |                      | ol Addross                              | whore   |            |             |                         |             |  |
| 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 LOCAT   |                  | 4 DEPTH OF COM                    | IPLETED WEL                       | PLETED WELL: ft.   |                      |   | 5 Latitude:(decimal degrees)  |            |             |                         |             |  |
| WITH "  |                  |                                   | Encountered: 1) ft.               |                    |                      | Longitude:(decimal degrees)             |   |            |             |                         |             |  |
| SECTION BOX: Deputi(s) Groundwater in 2) ft. 3  |                  |                                   | 3) ft., or 4) ☐ Dry Well          |                    |                      | Datum: WGS 84 NAD 83 NAD 27             |   |            |             |                         |             |  |
| WELL'S STATIC WA  |                  |                                   |                                   | Source             | e for L              | atitude/Lon                             | gitude:   |            |             |                         |             |  |
| below land su   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   | , 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:                        |   |            |             |                         |             |  |
| L CTT L CTT   |                  |                                   | s pumping gpm                     |                    |                      |   |   |            |             |                         |             |  |
|   |                  | Estimated Yield:                  | gpm                               |                    |                      | 6 Elevation:ft. ☐ Ground Level ☐ TOC    |   |            |             |                         |             |  |
| S Bore Hole Diameter:   |                  |                                   | in. to ft. and                    |                    |                      | Source: Land Survey GPS Topographic Map |   |            |             |                         |             |  |
| 1 n   |                  |                                   | in. to                            | Other              |                      |   |   |            |             |                         |             |  |
| 7 WELL WATER TO BE USED AS:   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| 1. Domestic:  |                  |                                   | ter Supply: well ID               |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   | g: how many wells? |                      |   | 11. Test Hole: well ID  |            |             |                         |             |  |
|   |                  |                                   | echarge: well ID                  |                    |                      |   | ☐ Cased ☐ Uncased ☐ Geotechnical  |            |             |                         |             |  |
|   |                  |                                   | g: well IDal Remediation: well ID |                    |                      | 12. Geothermal: how many bores?         |   |            |             |                         |             |  |
| 3. ☐ Feedlo   |                  |                                   |                                   |                    |                      |   | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |            |             |                         |             |  |
| 4. ☐ Industrial ☐ Recovery  |                  |                                   | ☐ Injection                       | tion               | 13. Other (specify): |   |   |            |             |                         |             |  |
| Was a chemical/bacteriological sample submitted to KDHE?  \[ \subseteq \text{Yes} \] No If yes, date sample was submitted:  |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| Water well disinfected? $\square$ Yes $\square$ No  |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| 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   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| ☐ Steel   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| SCREEN C  | OR PERFOR.       | ATION OPENINGS AI                 |                                   |                    | •                    |   |   |            |             |                         |             |  |
| ☐ 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   |                  | e contamination: No  Lateral Line |                                   |                    |                      | hin 200 ft.<br>Livestock Pe             |   |            | naaatiaid   | a Ctamana               |             |  |
| ☐ Septic  |                  | ☐ Cess Pool                       | Sewage                            |                    |                      | Fuel Storage                            |   |            |             | e Storage<br>ed Water V |             |  |
|   | ight Sewer Lin   | <u>—</u>                          |                                   |                    |                      | Fertilizer Sto                          |   |            |             | Gas Well                | WCII        |  |
| Other (Specify)   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  | ft.                               |                                   |                    |                      |   |   |            |             |                         |             |  |
| 10 FROM   | TO               | LITHOLOG                          | GIC LOG                           | F                  | ROM                  | TO                                      | LITH  | O. LOG (co | ont.) or Pl | LUGGIN                  | G INTERVALS |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   | No.                | otes:                |   |   |            |             |                         |             |  |
|   |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| 44. GOVERN GEORGE OF A AND OVERNE GEORGE OF THE COLUMN TO A SECOND OF |                  |                                   |                                   |                    |                      |   |   |            |             |                         |             |  |
| 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       |                                   |                    |                      |   |   |            |             | Telephone               |             |  |
| Visit us at h   | ttp://www.kdhe   | ks.gov/waterwell/index.html       |                                   |                    |                      |   |   |            |             | KS                      | SA 82a-1212 |  |