KOLAR Document ID: 1534818

| WATER WELL RECORD FORM WWC-5  ☐ Original Record ☐ Correction ☐ Change in Well Use  |                          |                             |   |                                   |                                   |           | Division of Water                       |  |                       |   |            |   |  |
|--|--------------------------|-----------------------------|---|-----------------------------------|-----------------------------------|-----------|---|--|-----------------------|---|------------|---|--|
|  |                          |                             | e 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                    |                                   |                                   | Sect      | ion Numbe                               | er   | Township Number T S   |   | II .       | Range Number R □ E □ W                  |  |
| •  | First:                   |                             | -   | r Dur                             | al Addrace                        | wher      |   |  |                       |   |            |   |  |
| 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:   |                          |                             |   |                                   | direction                         | TOIII IIC | carest town of                          | micro  | cetion). If a         | owner                                   | address, c | meek nere.                              |  |
| Address:   |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
| City:  |                          | State:                      | ZIP:  |                                   |                                   |           | 1                                       |  |                       |   |            |   |  |
| 3 LOCATI   |                          | 4 DEPTH OF COM              | IPLETED WI                                  | LETED WELL: ft.                   |                                   |           |   | 5 Latitude:(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  |                          |                             | ATER LEVEL: ft.                             |                                   |                                   |           | Source for Latitude/Longitude:          |  |                       |   |            |   |  |
|  | 1                        |                             | pelow land surface, measured on (mo-day-yr) |                                   |                                   |           |   | Grante mante, modern                           |                       |   |            |   |  |
|  |                          |                             | 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 Well  |                          |                             | water was ft.                               |                                   |                                   |           | ☐ Online Mapper:                        |  |                       |   |            |   |  |
| l axx l an XI l  |                          |                             | ours pumping gpm                            |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          | Estimated Yield:gpm         |   |                                   |                                   |           | 6 Elevation:ft. ☐ Ground Level ☐ TOC    |  |                       |   |            |   |  |
|  | S                        | Bore Hole Diameter:         | ole Diameter: in. to ft. and                |                                   |                                   |           |   | Source:   Land Survey   GPS   Topographic Map  |                       |   |            |   |  |
| 1 n  |                          |                             | in. to                                      |                                   | Other                             |           |   |  |                       |   |            |   |  |
|  |                          | BE USED AS:                 |   |                                   |                                   |           | =                                       |  |                       | _                                       |            |   |  |
| 1. Domestic:   |                          | 5. Public Wa                |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          |                             | g: how many wells?                          |                                   |                                   |           | 11. Test Hole: well ID                  |  |                       |   |            |   |  |
|  |                          |                             | echarge: well ID<br>g: well ID              |                                   |                                   |           | ☐ Cased ☐ Uncased ☐ Geotechnical        |  |                       |   |            |   |  |
| _  |                          |                             |   | g: well IDal Remediation: well ID |                                   |           |   | 12. Geothermal: how many bores?                |                       |   |            |   |  |
| 3. ☐ Feedlor   |                          |                             |   |                                   |                                   |           |   | b) Open Loop  Surface Discharge  Inj. of Water |                       |   |            |   |  |
| 4. ☐ Industr   | ☐ Injec                  |                             | 13.  Other (specify):                       |                                   |                                   |           |   |  |                       |   |            |   |  |
| 4. Industrial Recovery Injection 13. Other (specify):  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          | ☐ Yes ☐ No                  |   | ъ. Ц                              | 103 🔟                             | 110       | 11 yes, auc                             | o sam  | pre was sa            | ommitted.                               | ••••••     |   |  |
|  |                          | USED: Steel PV              | C 🗆 Other                                   |                                   | С                                 | ASIN      | G IOINTS                                | . $\Box$                                       | Glued □ C             | lamped                                  | ☐ Welder   | <br>l □ Threaded                        |  |
|  |                          | in. to ft.,                 |   |                                   |                                   |           |   |  |                       |   |            | imeaded                                 |  |
|  |                          | surface in                  |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          | PERFORATION MAT             |   |                                   |                                   |           |   |  | . 66.                 |   |            |   |  |
| ☐ Steel  |                          | iless Steel                 |   | PVC                               |                                   |           | ☐ Oth                                   | ner (S   | pecify)               |   |            |   |  |
| ☐ Brass  |                          | anized Steel                |   | None i                            | used (oper                        | hole)     | )                                       |  |                       |   |            |   |  |
|  |                          | 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              |   |                                   |                                   |           |   |  |                       |   |            | • |  |
|  |                          | e contamination:            |   |                                   |                                   |           |   | •••••  | п. то                 | • | II.        |   |  |
| Septic 7   |                          | Lateral Line                |   |                                   | iitaiiiiiatio                     |           | ini 200 it.<br>Livestock Pe             | ns   | П                     | Insecticio                              | de Storage |   |  |
| Sewer I  |                          | ☐ Cess Pool                 | .s ☐ The                                    |                                   | agoon                             |           | Fuel Storage                            |  |                       |   | ed Water V |   |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well   |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
| ☐ Other (Specify)  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          | from w                      |   |                                   | ft.                               |           |   |  |                       |   |            |   |  |
| 10 FROM  | TO                       | LITHOLOG                    | GIC LOG                                     |                                   | FRO                               | M         | TO                                      | LITE   | HO. LOG (co           | ont.) or F                              | LUGGIN     | G INTERVALS                             |  |
|  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   | <b>N7</b> /                       |           |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   | Notes                             | :         |   |  |                       |   |            |   |  |
|  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
| 11. CONTRACTORIS OR LANDOWNERS CERTIFICATION. This makes will be a second of the secon |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
| 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)  |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
| Kansas Wa  | ter Well Con             | tractor's License No        | T   | his W                             | ater Well                         | Reco      | ord was cor                             | nplet  | ed on (mo-            | dav-vea                                 | r)         | 50 and bener.                           |  |
| under the business name of   |                          |                             |   |                                   |                                   |           |   |  |                       |   |            |   |  |
|  | ,                        | Send one copy to WATER W    | ELL OWNER and                               | d retain                          | one for you                       | r recor   | ds. Fee of \$5                          | 5.00 fo  | r each <u>constru</u> | cted well.                              | •          |   |  |
|  |                          | nd Environment, Bureau of W | Vater, Geology Sec                          | ction, 1                          | 000 SW Jac                        | kson S    | St., Suite 420,                         | Topek  | a, Kansas 66          | 512-1367.                               |            |   |  |
| Visit us at h  | ttp://www.kdhel          | ks.gov/waterwell/index.html |   |                                   |                                   |           |   |  |                       |   | KS         | SA 82a-1212                             |  |