KOLAR Document ID: 1562482

|   | WELL R                                    | ECORD Correction  | Form V        |                        | vision of Wate<br>ources App. N |                    |   | Well I                          | $^{\mathrm{D}}$          |              |        |                  |  |
|---|---|---|---------------|------------------------|---------------------------------|--------------------|---|---------------------------------|--------------------------|--------------|--------|------------------|--|
|   |   |   | Fraction      |                        |                                 | ction Numbe        |   | Township Numb                   |                          | Range Number |        |                  |  |
| County:   |   |   | 1/4 1/4       |                        |                                 |                    |   | T S                             |                          | R DEDW       |        |                  |  |
| ·   |   |   |               |                        |                                 |                    | reet or Rural Address where well is located (if unknown, distance and           |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    | irection from nearest town or intersection): If at owner's address, check here: |                                 |                          |              |        |                  |  |
| Address:  |   |   |               |                        |                                 |                    |   |                                 | ,                        |              | ĺ      | _                |  |
| Address:  |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| City:   |   | I   | State:        | ZIP:                   |                                 |                    |   |                                 |                          |              |        |                  |  |
|   | LOCATE WELL WITH "X" IN 4 DEPTH OF COMP   |   |               |                        | L: .                            | 1                  | t. 5 Latitu   | ude:                            |                          |              | (      | decimal degrees) |  |
|   | SECTION BOX: Depth(s) Groundwater Encount |   |               |                        |                                 |                    |   |                                 | e:                       |              |        |                  |  |
|   | N 2) ft. 3) ft., or 4) □                  |   |               |                        |                                 |                    |   | WGS 84 □ NAI                    |                          |              |        |                  |  |
| l ——  |   | WELL'S ST   |               |                        |                                 | e for              | Latitude/Longitude  | :                               |                          |              |        |                  |  |
| X NW  | '   | below land surface, measured on (mo-day-yr                                    |               |                        |                                 |                    |   |                                 | unit make/model:         |              |        |                  |  |
| NW  | NE  | above land surface, measured on (mo-day-yr Pump test data: Well water was ft. |               |                        |                                 |                    |   | (WAAS enabled?  Yes No)         |                          |              |        |                  |  |
| 337   |   | after hours pumpinggr   |               |                        |                                 |                    |   | ☐ Land Survey ☐ Topographic Map |                          |              |        |                  |  |
| W   | E   | Well water was ft.  |               |                        |                                 |                    |   | Online Mapper:                  |                          |              |        |                  |  |
| SW  | SE  | after hours pumpinggp   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   | Estimated Yield:gpm   |               |                        |                                 |                    |   | 6 Elevation:ft. Ground Level    |                          |              |        |                  |  |
| \$  | S   | Bore Hole Diameter: in. to  |               |                        |                                 | ft. and            | and Source: Land Survey G   |                                 |                          |              |        |                  |  |
| 1 n   |   |   |               | ft.                    | Other                           |                    |   |                                 |                          |              |        |                  |  |
| 7 WELL WATER TO BE USED AS:   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| 1. Domestic: 5. Public Water Supply: well ID  |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        | many wells? well ID             |                    |   | 11. Test Hole: well ID          |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| _   | ☐ Livestock 8. ☐ Monitoring: well ID      |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| 3. ☐ Feedlo   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| 4. ☐ Industr  | ☐ Injectio                                | _   | 2.1114041011  |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| 4.  |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   | disinfected?                              |   |               | itted to IXDIII.       | · Ш                             | 105 🔲 110          | 11 yes, dan   | Jui                             | iipie was saoiinte       | G            | ••••   |                  |  |
|   |   |   |               | C.   Other             |                                 | CAS                | NG JOINTS   | · 🗆                             | Glued Clamped            |              | lded   | ☐ Threaded       |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        | Птещей           |  |
| Casing diameter   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| TYPE OF S   | SCREEN OR                                 | <b>PERFORA</b>  | ΓΙΟΝ MA       | ΓERIAL:                |                                 |                    |   |                                 |                          |              |        |                  |  |
| ☐ Steel   |   | less Steel  |               | □ P\                   |                                 |                    |   | ner (S                          | Specify)                 |              |        |                  |  |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| SCREEN OR PERFORATION OPENINGS ARE:   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   | nuous Slot<br>red Shutter                 | ☐ Mill Slot ☐ Key Puncl   |               |                        |                                 |                    | Drilled Holes<br>None (Open H   |                                 | Other (Specify)          |              |        | •••••            |  |
| _   |   |   |               |                        |                                 |                    |   |                                 | ft., From                | ft           | to     | ft               |  |
|   |   |   |               |                        |                                 |                    |   |                                 | ft., From                |              |        |                  |  |
| 9 GROUT   | MATERIA                                   | I. Neat   | rement $\Box$ | Cement grout           |                                 | entonite $\square$ | Other   | <i>J</i>                        |                          |              | . 10 . |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 | ft. to                   |              |        |                  |  |
|   | rce of possible                           |   | on: No        | potential source of    | f con                           | tamination w       | ithin 200 ft.   |                                 |                          |              |        |                  |  |
| ☐ Septic 7  |   |   | Lateral Line  |                        |                                 |                    | Livestock Pe  | ens                             | ☐ Insection              | cide Stor    | age    |                  |  |
| ☐ Sewer I   |   |   | Cess Pool     | ☐ Sewag                |                                 |                    | Fuel Storage  |                                 | ☐ Abando                 | oned Wat     | ter V  | Vell             |  |
|   | ght Sewer Lin                             |   |               | ☐ Feedya               |                                 |                    | Fertilizer Sto  | rage                            | ☐ Oil We                 | ll/Gas W     | 'ell   |                  |  |
| ☐ Other (Specify)   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| 10 FROM   | TO  |   | ITHOLO(       |                        | om w                            |                    |   |                                 | π.<br>HO. LOG (cont.) οι |              | INC    | INTEDVALC        |  |
| 10 FROM   | 10  | 1   | TIHOLOG       | HC LUG                 |                                 | FROM               | 10  | LH                              | no. Log (cont.) of       | PLUGG        | IIIO   | INTERVALS        |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        | -                |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 | Notes:             |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
|   |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| 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 my ju   | irisdiction an                            | a was compl   | leted on (m   | no-day-year)           |                                 | and                | this record i   | is tru                          | te to the best of m      | y knowl      | edge   | e and belief.    |  |
| Kansas Water Well Contractor's License No. This Water Well Record 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. |   |   |               |                        |                                 |                    |   |                                 |                          |              |        |                  |  |
| under the U   | Simos name                                | Send one copy to  | o WATER W     | ELL OWNER and re       | etain o                         | one for your re    | ords. Fee of \$5  | 5.00 f                          | or each constructed we   | ell.         |        | •••••            |  |
| KS Departn  | nent of Health a                          | nd Environment  | , Bureau of V | Vater, Geology Section | on, 10                          | 000 SW Jackso      | n St., Suite 420,   | Торе                            | eka, Kansas 66612-136    | 57. Teleph   | hone ' | 785-296-3565.    |  |
| Visit us at h   | ttp://www.kdhel                           | s.gov/waterwel  | 1/index.html  |                        |                                 |                    |   |                                 |                          |              | KS     | A 82a-1212       |  |