KOLAR Document ID: 1455541

| WATER WELL RECORD Form WWC-5                                                                                                                                                             |                          |                                                      |                                    |         |                                   |           | Division of Water                             |        |                     |            |            |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------|------------------------------------|---------|-----------------------------------|-----------|-----------------------------------------------|--------|---------------------|------------|------------|------------------------|--|
| Original Red                                                                                                                                                                             |                          |                                                      | e in Well Use                      |         |                                   |           | irces App. N                                  |        | T                   |            | Well ID    | N                      |  |
| 1 LOCATION OF WATER WELL:                                                                                                                                                                |                          |                                                      | Fraction 1/4 1/4 1/4 1/4           |         |                                   | Sect      | ion Numbe                                     | er     | Township Number T S |            |            | Range Number R □ E □ W |  |
| County:                                                                                                                                                                                  | First:                   |                                                      | -                                  | r Diire | al Addrage                        | whor      |                                               |        |                     |            |            |                        |  |
| 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                                | imers  | cetton). If a       | owners     | address, ( | леск неге.             |  |
| Address:                                                                                                                                                                                 |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
| City:                                                                                                                                                                                    |                          | State:                                               | ZIP:                               |         |                                   |           | 1                                             |        |                     |            |            |                        |  |
| 3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:                                                                                                                                                 |                          |                                                      |                                    |         |                                   | ft.       | 5 Latitu                                      | nde:   |                     |            |            | (decimal degrees)      |  |
| WITH "X" I<br>SECTION B                                                                                                                                                                  |                          |                                                      | Encountered: 1) ft.                |         |                                   |           | 5 Latitude:                                   |        |                     |            |            |                        |  |
| SECTION B<br>N                                                                                                                                                                           | 3) ft., or 4) ☐ Dry Well |                                                      |                                    |         | Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          | TER LEVEL: ft.           |                                                      |                                    |         | Source for Latitude/Longitude:    |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      | ce, measured on (mo-day-yr)        |         |                                   |           | Si S (unit induse, insecti                    |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      | , measured on (mo-day-yr)          |         |                                   |           | (WAAS enabled? ☐ Yes ☐ No)                    |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      | s pumping gpm                      |         |                                   |           | ☐ Land Survey ☐ Topographic Map               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      | vater was ft.                      |         |                                   |           | ☐ Online Mapper:                              |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      | 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 mile                                                                                                                                                                                   |                          |                                                      | in. to ft.                         |         |                                   |           | Other                                         |        |                     |            |            |                        |  |
|                                                                                                                                                                                          | TER TO                   | BE USED AS:                                          |                                    |         |                                   |           | <del>-</del> -                                |        |                     |            |            |                        |  |
| 1. Domestic:                                                                                                                                                                             |                          | 5. Public War                                        |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      | g: how many wells?echarge: well ID |         |                                   |           | 11. Test Hole: well ID                        |        |                     |            |            |                        |  |
| ☐ Lawn & Garden 7. ☐ Aquifer Re ☐ Livestock 8. ☐ Monitorin;                                                                                                                              |                          |                                                      |                                    |         | ☐ Cased ☐ Uncased ☐ Geotechnical  |           |                                               |        |                     |            |            |                        |  |
| 2. ☐ Irrigation                                                                                                                                                                          | al Remediation:          |                                                      | 12. Geothermal: how many bores?    |         |                                   |           |                                               |        |                     |            |            |                        |  |
| 3. ☐ Feedlot ☐ Air Sparge                                                                                                                                                                |                          |                                                      |                                    |         |                                   |           | b) Open Loop Surface Discharge Inj. of Water  |        |                     |            |            |                        |  |
| 4. ☐ Industrial ☐ Recovery                                                                                                                                                               |                          |                                                      | ☐ Injection                        |         |                                   |           | 13. Other (specify):                          |        |                     |            |            |                        |  |
| Was a chemica                                                                                                                                                                            | al/hacteri               | iological sample subm                                | itted to KDH                       | E? [    | l Yes □                           | Nο        | If ves date                                   | e sam  | nle was su          | hmitted:   |            |                        |  |
|                                                                                                                                                                                          |                          | ☐ Yes ☐ No                                           | 10000 00 11212                     |         | 1105 🗀                            | 110       | 11 900, auto                                  | o sam  | pre was sa          | ommuca.    |            |                        |  |
|                                                                                                                                                                                          |                          | USED: ☐ Steel ☐ PV                                   | C. $\square$ Other                 |         | C.                                | ASIN      | G JOINTS                                      | S: 🗆   | Glued □ C           | lamped     | □ Welded   | l □ Threaded           |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            | Imeaded                |  |
| Casing diameter                                                                                                                                                                          |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
| TYPE OF SCR                                                                                                                                                                              | EEN OR                   | PERFORATION MAT                                      | ΓERIAL:                            |         |                                   |           |                                               |        |                     |            |            |                        |  |
| ☐ Steel                                                                                                                                                                                  | _                        | less Steel                                           |                                    | PVC     |                                   |           |                                               | her (S | pecify)             |            |            |                        |  |
| Brass                                                                                                                                                                                    |                          | anized Steel                                         | _                                  | None    | used (oper                        | hole)     | )                                             |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          | ATION OPENINGS AF                                    |                                    | _       |                                   | _         |                                               | _      |                     |            |            |                        |  |
| Continuou                                                                                                                                                                                |                          |                                                      | auze Wrapped                       |         |                                   |           |                                               |        | Other (Speci        | fy)        |            |                        |  |
|                                                                                                                                                                                          |                          | ☐ Key Punched ☐ Will DINTERVALS: From                |                                    |         |                                   |           | one (Open H                                   |        | 4 E.                |            | £ 4-       | c.                     |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            | ft. to     |                        |  |
|                                                                                                                                                                                          |                          | K INTERVALS: From                                    |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          | L: Neat cement ft. to                                |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          | contamination: No                                    |                                    |         |                                   |           |                                               |        | 11. 10              |            | 11.        |                        |  |
| Septic Tank                                                                                                                                                                              |                          | Lateral Line                                         |                                    |         |                                   |           | Livestock Pe                                  | ens    |                     | Insectició | le Storage |                        |  |
| ☐ Sewer Lines                                                                                                                                                                            |                          | Cess Pool                                            |                                    |         | agoon                             |           | Fuel Storage                                  | ;      |                     |            | ed Water \ | Well                   |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well                                                                                               |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
| ☐ Other (Specify)                                                                                                                                                                        |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    | from v  |                                   |           |                                               |        |                     |            | LUCCIN     | C INTERNAL C           |  |
| 10 FROM                                                                                                                                                                                  | TO                       | LITHOLOG                                             | FIC LOG                            |         | FRO                               | VI .      | TO                                            | LIII   | 10. LUG (C          | ont.) or P | LUGGIN     | G INTERVALS            |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         | -                                 | +         |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         | +                                 | +         |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         |                                   | -+        |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         |                                   | -+        |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         | Notes                             | :         |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          | 11000                    |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
|                                                                                                                                                                                          |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
| 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 Water V                                                                                                                                                                           | Well Con                 | tractor's License No                                 | Т                                  | This W  | ater Well                         | Reco      | ord was cor                                   | mplet  | ed on (mo-          | day-yea    | r)         |                        |  |
| under the business name of                                                                                                                                                               |                          |                                                      |                                    |         |                                   |           |                                               |        |                     |            |            |                        |  |
| KS Department                                                                                                                                                                            |                          | send one copy to WATER Wand Environment, Bureau of W |                                    |         |                                   |           |                                               |        |                     |            |            | 785-296-3565           |  |
|                                                                                                                                                                                          |                          | ks.gov/waterwell/index.html                          | , 500.067 50                       |         |                                   |           | ., 120,                                       | - open | ,                   | 1007.      |            | SA 82a-1212            |  |