KOLAR Document ID: 1501591

|  | WELL R                               | ECORD Correction                           |  | WWC-5<br>e in Well Use          |                           |                             |   | ion of Waterces App. N          |                |  | Well                                  | m [          |               |  |
|--|--------------------------------------|--|--|---------------------------------|---------------------------|-----------------------------|---|---------------------------------|----------------|--|---------------------------------------|--------------|---------------|--|
|  |                                      |  |  |                                 | Fraction                  |                             |   |                                 |                | Township Numb  |                                       | Range Number |               |  |
| County:  |                                      |  |  | 4 1/2                           |                           | Section Number              |   |                                 | T S R          |  |                                       | □E □W        |               |  |
| ·  |                                      |  |  |                                 |                           |                             | treet 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:<br>Address:   |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
| City:  |                                      |  | State:                                     | ZIP:                            |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  | 3 LOCATE WELL                        |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  | WITH "X" IN 4 DEPTH OF COM           |  |  | IPLETED WELL:                   |                           |                             | . ft.   | - —                             |                |  |                                       |              |               |  |
| SECTIO   | Depth(s) Groundwater Encountered: 1) |  |  |                                 |                           | 201510100                   |   |                                 |                |  |                                       |              |               |  |
| N  | N WELL'S STATIC WATER LEVEL:         |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              | AD 27         |  |
|  |                                      |  | below land surface, measured on (mo-day-yr |                                 |                           |                             |   |                                 |                | <u>Latitude/Longitude</u><br>unit make/model:          |                                       |              | ,             |  |
| NW   | NE                                   | above land surface, measured on (mo-day-yr |  |                                 |                           |                             |   |                                 |                | WAAS enabled?  |                                       |              |               |  |
|  | i                                    | Pump test data: Well water was ft.         |  |                                 |                           |                             | ☐ Land Survey ☐ Topographic M   |                                 |                |  |                                       | • ,          |               |  |
| w  | XE                                   | after hours pumpinggp                      |  |                                 |                           |                             |   | Online Mapper:                  |                |  |                                       |              |               |  |
| SW   |                                      | Well water was ft. after hours pumping gr  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  | 1                                    | Estimated Yield:gpm                        |  |                                 |                           |                             | 6 Elevation:ft.   |                                 |                |  | . 🔲 Gro                               | ound         | Level TOC     |  |
| S  | <u> </u>                             | Bore Hole Diameter: in. to                 |  |                                 |                           |                             | G   |                                 |                |  | ☐ GPS ☐ Topographic Map               |              |               |  |
| 1 m  | ile                                  |  | in. to                                     |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
| 7 WELL V   | VATER TO                             | BE USED A                                  | AS:  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
| 1. Domestic: 5. Public Water Supply: well ID   |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
| ☐ Household 6. ☐ Dewatering  |                                      |  |  |                                 |                           |                             |   |                                 |                | ole: well ID   |                                       |              |               |  |
| _  | ☐ Lawn & Garden 7. ☐ Aquifer R       |  |  |                                 |                           |                             |   |                                 |                | Uncased (  |                                       |              |               |  |
| ☐ Livesto  2. ☐ Irrigation   | g: well ID<br>al Remediatior         |  |  |                                 |                           |                             | al: how many bores Loop  Horizont   |                                 |                |  |                                       |              |               |  |
| 3. ☐ Feedlot   |                                      |  | ] Air Sparge                               |                                 |                           | Extraction                  |   |                                 |                | Loop Surface Di  |                                       |              |               |  |
| 4. 🔲 Industri  |                                      | ☐ Inj                                      | _  |                                 | 13.  Other (specify):     |                             |   |                                 |                |  |                                       |              |               |  |
| Was a chen   | nical/bacteri                        | iological san                              | nple subm                                  | itted to KD                     | <b>HE</b> ? □             | Yes □ N                     | lo I  | If yes, date                    | e sar          | nple was submitte                                      | :d:                                   |              |               |  |
|  | disinfected?                         |  |  |                                 | _                         | _                           |   | ,                               |                | ı  |                                       |              |               |  |
| 8 TYPE O   | F CASING                             | USED: □ S                                  | teel PV                                    | C  Other                        |                           | CA                          | SINC  | G JOINTS                        | :              | Glued Clamped  | l 🗌 We                                | lded         | ☐ Threaded    |  |
|  |                                      |  |  |                                 |                           |                             |   |                                 |                | in. to   |                                       |              |               |  |
|  | t above land s                       |  |  |                                 |                           | lbs./                       | ft.   | Wall thick                      | cness          | or gauge No  |                                       | •••          |               |  |
|  | CREEN OR                             |  | I'ION MA'                                  |                                 |                           |                             |   |                                 | / (            | g :c)  |                                       |              |               |  |
| ☐ Steel<br>☐ Brass   | _                                    | less Steel<br>anized Steel                 |  | _                               | ] PVC                     | ised (open l                | aola)   |                                 | ner (          | Specify)   |                                       | • • • • • •  | •••••         |  |
| _  | R PERFOR                             |  | NINGS AI                                   |                                 | _ None (                  | iscu (opcii i               | 1010)   |                                 |                |  |                                       |              |               |  |
| Contin   |                                      | ☐ Mill Slot                                |  | auze Wrapped                    | □ To                      | orch Cut                    | Dri   | lled Holes                      |                | Other (Specify)  |                                       |              |               |  |
| Louver   |                                      | ☐ Key Punch                                |  |                                 |                           |                             |   | ne (Open H                      |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           |                             |   |                                 |                | ft., From  |                                       |              |               |  |
| GF   | RAVEL PAC                            | K INTERV                                   | ALS: Fron                                  | 1 ft.                           | to                        | ft., Fro                    | m   | ft. to                          | 0              | ft., From  | f                                     | t. to        | ft.           |  |
|  |                                      |  |  |                                 |                           |                             |   |                                 |                | · · · · · · · · · · · · · · · · · · ·                  |                                       |              | •••••         |  |
|  | ce of possible                       |  |  | ft., From<br>potential sour     | ce of cor                 | II. to<br>tamination        | thi   | It., From<br>in 200 ft          | ••••           | ft. to   | It.                                   |              |               |  |
| Septic T   |                                      |  | Lateral Line                               |                                 | t Privy                   | itaiiiiiatioii              |   | iii 200 it.<br>ivestock Pe      | ens            | ☐ Insection  | cide Stor                             | age          |               |  |
| ☐ Sewer L  |                                      |  | Cess Pool                                  |                                 |                           | igoon                       |   | uel Storage                     |                | ☐ Abando   |                                       |              | Vell          |  |
| ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
| ☐ Other (Specify)  |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  | m well?<br>TO                        |  | ITHOLOG                                    |                                 | e from w                  |                             |   |                                 |                | tt.<br>HO. LOG (cont.) or                              |                                       | TINIC        | CINTEDVALC    |  |
| 10 FROM  | 10                                   | <u>L</u>                                   | THOLOG                                     | JIC LUG                         |                           | FROM                        | L   | TO                              | LH             | HO. LOG (cont.) of                                     | PLUG                                  | JINC         | INTERVALS     |  |
|  |                                      |  |  |                                 |                           |                             | +   |                                 |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           |                             |   |                                 |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           | 1                           |   |                                 |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           | Notes:                      |   |                                 |                |  |                                       |              |               |  |
|  |                                      |  |  |                                 |                           | _                           |   |                                 |                |  |                                       |              |               |  |
| 11 CONTR   | RACTOR'S                             | OR LANDO                                   | )WNER'S                                    | S CERTIFIC                      | CATIO                     | V: This w                   | ater v  | well was F                      | ] cc           | onstructed,  reco                                      | onstruct                              | ed c         | or nlugged    |  |
| under my ju  | risdiction an                        | d was compl                                | eted on (m                                 | no-day-year)                    |                           | a                           | nd th   | is record i                     | is tru         | ie to the best of m                                    | y know                                | ledg         | e and belief. |  |
| Kansas Wat   | er Well Con                          | tractor's Lice                             | ense No                                    |                                 | This Wa                   | ater Well l                 | Reco  | rd was cor                      | nple           | eted on (mo-day-y                                      | ear)                                  |              |               |  |
| under the bu   | isiness name                         | of   | - XX/A/DDD XX                              | TELL OWNERS                     |                           | £                           |   | 1- F CC                         |                | or each <u>constructed</u> we                          | .11                                   | <u></u>      |               |  |
| KS Denartm   | ent of Health ar                     | ena one copy to<br>nd Environment          | WAIEK W<br>Bureau of V                     | ELL OWNER a<br>Vater, Geology S | uia retain<br>Section. 10 | one for your<br>000 SW Jack | record<br>son St  | is. ree of \$5<br>t., Suite 420 | 1 UU.c<br>Tone | or each <u>constructed</u> we<br>eka, Kansas 66612-136 | :11.<br>57. Telen                     | hone         | 785-296-3565. |  |
| -  | tp://www.kdhek                       |  |  |                                 | ,                         |                             |   | -,                              | r              |  | · · · · · · · · · · · · · · · · · · · |              | A 82a-1212    |  |