KOLAR Document ID: 1457031

| WATER WELL RECORD Form WWC-5   |  |                                 |             |                                 | ion of Water  |                                      |                    | W II ID                |                               |  |
|--|--|---------------------------------|-------------|---------------------------------|---|--------------------------------------|--------------------|------------------------|-------------------------------|--|
| Original Record  1 LOCATION OF W   |  | e in Well Use                   |             |                                 | rces App. No  |                                      | a alaina Nianala a | Well ID                | Non-lean                      |  |
| County:  | AIER WELL:   | Fraction 1/4 1/4 1/4            |             | Secu                            | on Number   | Town                                 | nship Numbe        | r Kan<br>R             | ge Number<br>□ E □ W          |  |
| 2 WELL OWNER: La   | ost Nama:  | First:                          | -           | Rura                            | 1 Address v   | _                                    | ~                  |                        |                               |  |
| 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:   | C  | 710                             |             |                                 |   |                                      |                    |                        |                               |  |
| City:  3 LOCATE WELL   | State:   | ZIP:                            |             |                                 |   |                                      |                    |                        |                               |  |
| WITH "X" IN  | 4 DEPTH OF COMPLETED WELL:   |                                 |             |                                 | 5 Latitude:(decimal degrees)  |                                      |                    |                        |                               |  |
| SECTION BOX:   | Depth(s) Groundwater I   |                                 |             |                                 | Longitude:(decimal degrees)   |                                      |                    |                        |                               |  |
| N  | 2) ft. 3   |                                 | 11          |                                 |   | 84 🔲 NAD                             | 83 🔲 N             | AD 27                  |                               |  |
|  | WELL'S STATIC WATER LEVEL:  □ below land surface, measured on (mo-day-yr). |                                 |             |                                 |   |                                      | de/Longitude:      |                        | `                             |  |
| NW NE  | above land surface,  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| INW  INE   | Pump test data: Well w   |                                 |             | ☐ Land Survey ☐ Topographic Map |   |                                      |                    |                        |                               |  |
| W E  | after hours  |                                 |             | Online Mapper:                  |   |                                      |                    |                        |                               |  |
| - XSW   SE   | Well w   |                                 |             |                                 |   |                                      |                    |                        |                               |  |
|  | Estimated Yield:   |                                 | pumping gpm |                                 |   | 6 Elevation:ft. ☐ Ground Level ☐ TOC |                    |                        |                               |  |
| S  |  | in. to ft. and                  |             |                                 | Source:   |                                      |                    |                        |                               |  |
| mile   |  |                                 |             |                                 | Other   |                                      |                    |                        |                               |  |
| 7 WELL WATER TO BE USED AS:  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| 1. Domestic:   | 5. Public Wa   | ter Supply: well ID             |             |                                 | 10. 🔲 Oil   | Field Wat                            | ter Supply: lea    | se                     |                               |  |
| ☐ Household  | 6. Dewaterin   |                                 |             | 11. Test Hole: well ID          |   |                                      |                    |                        |                               |  |
| Lawn & Garden  | <b>—</b> 1 &   |                                 |             |                                 | ☐ Cased ☐ Uncased ☐ Geotechnical  |                                      |                    |                        |                               |  |
| ☐ Livestock 2. ☐ Irrigation  | 8. Monitoring: well ID   |                                 |             |                                 | 12. Geothermal: how many bores?   |                                      |                    |                        |                               |  |
| 3. ☐ Feedlot   | 9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extrac    |                                 |             |                                 | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |                                      |                    |                        |                               |  |
| 4. ☐ Industrial ☐ Recovery ☐ Injection   |  |                                 |             |                                 | 13.  Other (specify):   |                                      |                    |                        |                               |  |
| Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☐ No If yes, date sample was submitted:   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| Water well disinfected?  Yes No  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| 8 TYPE OF CASING USED:  Steel PVC Other  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| Casing diameter in. to ft., Diameter ft., Diameter ft.   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| Casing height above land surface   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| SCREEN-PERFORATED INTERVALS: From  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft., From ft. to ft.  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| Grout Intervals: From  |  |                                 |             |                                 |   |                                      | . ft. to           | ft.                    |                               |  |
| Nearest source of possible   |  |                                 | tamınatıon  |                                 |   |                                      |                    | 1 04                   |                               |  |
| ☐ Septic Tank☐ Sewer Lines   | ☐ Lateral Line<br>☐ Cess Pool  |                                 | goon        |                                 | ivestock Pen<br>uel Storage   | IS                                   | ☐ Insectici        |                        |                               |  |
| ☐ Sewer Lines     ☐ Cess Pool     ☐ Sewage Lagoon     ☐ Fuel Storage     ☐ Abandoned Water Well       ☐ Watertight Sewer Lines     ☐ Seepage Pit     ☐ Feedyard     ☐ Fertilizer Storage     ☐ Oil Well/Gas Well   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| Other (Specify)  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| Direction from well? Distance from well?   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| 10 FROM TO   | LITHOLOG   | GIC LOG                         | FROM        | 1                               | TO 1  | LITHO. L                             | OG (cont.) or I    | PLUGGIN                | G INTERVALS                   |  |
|  |  |                                 | +           | -+                              |   |                                      |                    |                        |                               |  |
|  |  |                                 | +           | $\overline{}$                   |   |                                      |                    |                        |                               |  |
|  |  |                                 | 1           | +                               |   |                                      |                    |                        |                               |  |
|  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
|  | <del>-</del>   |                                 |             |                                 |   |                                      |                    |                        | <u></u>                       |  |
|  |  |                                 | Notes:      | -                               |   |                                      |                    |                        |                               |  |
|  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was _ constructed, _ reconstructed, or _ plugged   |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
| under my jurisdiction ar   | OK LANDUWNER'S  od was completed on (m                                     | o CEKTIFICATION<br>no-day-year) | N: IMIS W   | ater t                          | well Was L  | j construc<br>s true to tl           | he best of my      | istructed,<br>knowledd | or ∐ plugged<br>ge and belief |  |
| under my jurisdiction ar<br>Kansas Water Well Con  | tractor's License No   | This Wa                         | iter Well   | Reco                            | rd was com  | pleted or                            | n (mo-dav-ve       | ar)                    | 50 and benen.                 |  |
| under the business name  | e of   |                                 |             |                                 |   |                                      |                    |                        |                               |  |
|  | Send one copy to WATER W   |                                 |             |                                 |   |                                      |                    |                        | 795 206 2565                  |  |
| KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565. Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> <a href="https://www.kdheks.gov/waterwell/index.html">KSA 82a-1212</a> |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |
|  |  |                                 |             |                                 |   |                                      |                    |                        |                               |  |