

## WATER WELL RECORD Form WWC-5 KSA 82a-1212

| 1 LOCATION OF WATER WELL:   |    | Fraction   |                                  | Section Number |    | Township Number    |  | Range Number    |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Hodgeman</b>   |    | <b>SW ¼ NW ¼ SW ¼</b>  |                                  | <b>23</b>      |    | <b>T 22 S</b>      |  | <b>R 22 E/W</b> |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <b>Winget Service</b>   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR#, St. Address, Box # : _____ Board of Agriculture, Division of Water Resources   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code : <b>Hanston, Ks 67849</b> <b>MW 12</b> Application Number: _____   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |    | 4 DEPTH OF COMPLETED WELL <b>39.21</b> ft. ELEVATION: <b>2160.22</b>   |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>28.46</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <b>8</b> in. to <b>40</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10</b> Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes _____ No <b>X</b> |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    | 5 TYPE OF BLANK CASING USED:   |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    | 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____<br><b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____<br>7 Fiberglass _____ Threaded <b>X</b>  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    | Blank casing diameter <b>2</b> in. to <b>24.21</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>0</b> in., weight <b>.716</b> lbs./ft. Wall thickness or gauge No. <b>.154</b>   |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    | TYPE OF SCREEN OR PERFORATION MATERIAL: <b>7</b> PVC 10 Asbestos-cement<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)   |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped <b>8</b> Saw cut 11 None (open hole)<br>1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes<br>2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____  |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCREEN-PERFORATED INTERVALS: From <b>24.21</b> ft. to <b>39.21</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>22.21</b> ft. to <b>39.21</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.  |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement <b>2</b> Cement grout <b>3</b> Bentonite 4 Other _____  |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Intervals From <b>0</b> ft. to <b>17</b> ft. From <b>17</b> ft. to <b>22.21</b> ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br><b>Contaminated site</b><br>Direction from well? _____ How many feet? _____   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>CODE</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>5</td> <td></td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>10</td> <td></td> <td>Clay, trace plasticity, med con.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10</td> <td>15</td> <td></td> <td>Clay, damp, trace plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Medium consistency</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15</td> <td>20</td> <td></td> <td>Clay, damp trace plasticity</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Medium consistency</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>40</td> <td></td> <td>Clay, damp trace plasticity,</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Medium consistency</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |    |  |                                  |                |    |                    |  |                 |  | FROM | TO | CODE | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 5 |  | clay |  |  |  | 5 | 10 |  | Clay, trace plasticity, med con. |  |  |  | 10 | 15 |  | Clay, damp, trace plasticity |  |  |  |  |  |  | Medium consistency |  |  |  | 15 | 20 |  | Clay, damp trace plasticity |  |  |  |  |  |  | Medium consistency |  |  |  | 20 | 40 |  | Clay, damp trace plasticity, |  |  |  |  |  |  | Medium consistency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM  | TO | CODE   | LITHOLOGIC LOG                   | FROM           | TO | PLUGGING INTERVALS |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0   | 5  |  | clay                             |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5   | 10 |  | Clay, trace plasticity, med con. |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10  | 15 |  | Clay, damp, trace plasticity     |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  | Medium consistency               |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15  | 20 |  | Clay, damp trace plasticity      |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  | Medium consistency               |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20  | 40 |  | Clay, damp trace plasticity,     |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  | Medium consistency               |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>2-19-02</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>554</b> This Water Well Record was completed on (mo/day/yr) <b>3-12-02</b> under the business name of <b>Woofter Pump and Well Inc.</b> by (signature) <i>[Signature]</i>   |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.  |    |  |                                  |                |    |                    |  |                 |  |      |    |      |                |      |    |                    |   |   |  |      |  |  |  |   |    |  |                                  |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |    |    |  |                             |  |  |  |  |  |  |                    |  |  |  |    |    |  |                              |  |  |  |  |  |  |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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