\*Corrected \*

			Form \				ion of Water						
		Correction		e in Well Use			rces App. No		Well ID				
1 LOCATION OF WATER WELL: Fraction						Section Number   Township Number   Range Number							
	y: Finney			SW1/4 SE1/4 NW			25	T 22 S		I DE ZIW			
	OWNER:			First:				here well is located					
	ROTHERS PAI	RTNERSH	IP .	direction f	lirection from nearest town or intersection): If at owner's address, check here:								
	Address: 7925 W. 9 MILE ROAD Address: Al							PPROX 8 MILES NORTHWEST OF HOLCOMB KANSAS					
City:		MR	State: KAN	ISzı: 67851				7					
A YOUNG HITTY													
WITH "V" IN 4 DEPTH OF COMPLETED WELL: ATV R. 5 Latitude:													
	ON BOX:	Depth(s) Gr	oundwater l	Encountered: 1)	<u> 46 ft.</u>			ude: 101.00		(decimal degrees)			
1	2)							☑ WGS 84 □ NA		IAD 27			
	<del></del>	WELL'S ST	ATIC WA	TER LEVEL:	. <u>/.ə</u> ft.	2013		for Latitude/Longitude					
	below land surface, measured o						□GP	S (unit make/model:					
- NW -	Pump test data: Well water was					r) (WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			(0)				
w	-1						pm Online Mapper:						
1 1	Well water was												
sw	SW   SE   after hours pumping						2020						
	Estimated Yield:90			gpm 17.5 in. to 246 ft. and			6 Elevation: 2929ft. 🖸 Ground Level 🗆 TOC						
1	S Bore Hole Diameter:				17.5 in. to240 ft. and			Source:					
in. toft.													
7 WELL WATER TO BE USED AS:													
1. Domestic				ter Supply: well ID				Field Water Supply: 1					
_	Household 6. Dewatering: how many wells?												
ı —	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID												
1 —	☐ Livestock  8. ☐ Monitoring: well ID												
	<ol> <li>✓ Irrigation</li> <li>Environmental Remediation: well ID .</li> <li>Feedlot</li> <li>Air Sparge</li> <li>Soil Vapor Ex</li> </ol>						, . – –						
4. ☐ Indust			Recovery		DAHUUHOH			er (specify):					
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☑ No If yes, date sample was submitted:													
Water well disinfected? [7] Ves. [7] No.													
Water well disinfected?  Yes No  RETURN OF CASING USER: Steel FURY Other CASING IOINTS: 71 Gland Of Company Of Welded Of Threaded													
8 in to 226 A Discrete													
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 8 in to 226 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 12 ft. in Weight 410 lbs./ft. Wall thickness or gauge No. 21													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
YPE OF SCREEN OR PERFORATION MATERIAL:   Steel													
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ 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: From186 ft. to ft., From ft., From ft., From ft. to ft.													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement grout Dentonite Other													
Grout Intervals: From													
Nearest source of possible contamination:													
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage													
☐ Sewer			Cess Pool	☐ Sewage L			uel Storage		oned Water				
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well													
☐ Other (Specify)													
10 FROM	TO TO		ITHOLOG		FROM		TO I	JTHO. LOG (cont.) o	PI LIGGIN	GINTERVALS			
0	2	TOP SOIL	IIHULUU	HC LUG	178			NAD FINE TO ME					
2	21	BROWN SAI	NDV CL A	V	197			OAPSTONE	יייייייייייייייייייייייייייייייייייייי	/			
					200			ANDSTONE W/ C	OLIDIES	OAPSTONE			
21	24		SAND FINE TO MED BROWN SANDY CLAY					LACK SHALE	OUPLE 3	CAFSTONE			
24	40					-  2	<del>4</del> 0 B	LAUN SHALE					
40	46	FINE SAND											
46	89		BROWN SANDY CLAY										
89	115		The state of the s				Notes:						
115 173 SAND FINE TO MED													
173   178   BROWN CLAY   11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   Constructed, □ reconstructed, or □ plugged													
under my i	KACIUK'	ond was comple	eted on (m	o-day-year) 1/24/2	14: 1 mis V 013	valer \ and th	is record in	true to the best of m	onstructed,	or [] prugged			
Kansas Wa	ter Well Co	ntractor's Lice	ense No. 1	45 This W	ater Well	Reco	rd was com	pleted on (mo-day-y	ear) 2/8/2	313			
under the h	usiness nam	e of Hydro F	lesources	Mid Continent, In	IÇ.								
		Send one copy to	WATER W	ELL OWNER and retain	one for you	record	is. Fee of \$5.0	00 for each constructed w	ell.				
under the business name of Hydro Resources Mid Continent, Inc.  Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.  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 h	ttp://www.kdh	eks.gov/waterwell	/index.html						KS	SA 82a-1212			