

| DOCATION OF WATER WELL   Fraction   Society Mumber   Township Number   Township Nu   | WATER WELL R  ☐ Original Record ☐ |                                  | VV VV C-3        | 12-10-            |             |             | ion of Water          |                  |                  | Well ID      |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|------------------|-------------------|-------------|-------------|-----------------------|------------------|------------------|--------------|-------------------|--|
| Vell OwNer: Law Name   First   State tor Rural Address where well is located (if indusors, disance and direction from notes town or intersection): If at owner's address. Address   State      |                                   | <u> </u>                         |                  |                   |             |             |                       |                  | in Numb          |              | aga Numbar        |  |
| 2 WELL OWNER: Last Name: Battanese: Address: Add |                                   | AIEK WELL:                       |                  | 1/4               |             | secu        | on Number             |                  | -                |              | -                 |  |
| Resines: Address:   State:   ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del>-</del>                      | -4 NT                            |                  |                   |             | Duro        | 1 Addross v           | _                |                  |              |                   |  |
| Address: Address: City:    State   ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | st Name:                         | FIISU:           |                   |             |             |                       |                  |                  |              |                   |  |
| Succar Well   Surface      |                                   |                                  |                  | '                 | uncetion in | om ne       | arest town of i       | intersection). 1 | i at owne        | i s addiess, | check here.       |  |
| 3 LOCATE WELL WITH YEVE   Commented to 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address:                          |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| ## SECTION ROX:    Section Rox:   Depths; Groundwater Encountered:   1   Drog tude:   Calcium degrees   Datum:   DWG S   DwG NAD 83   NAD 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                 | State:                           | ZIP:             |                   |             |             | 1                     |                  |                  |              |                   |  |
| SECTION BOX:    Comparison   Co |                                   | 4 DEPTH OF COM                   | IPLETED WE       | LL:               |             | ft          | 5 Latitud             | de·              |                  |              | (decimal degrees) |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                  |                  |                   |             | . 10.       |                       |                  |                  |              |                   |  |
| WELL'S STATE WATER LEVEL:   6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                  |                  |                   |             | 2018 teater |                       |                  |                  |              |                   |  |
| New   NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17                                | WELL'S STATIC WA                 | TER LEVEL:       |                   | ft.         |             |                       |                  |                  |              |                   |  |
| Pump test dair: Well water was   f. after.   house pumping gpm   cafter.     |                                   |                                  |                  |                   |             |             | GPS (unit make/model: |                  |                  |              |                   |  |
| Seed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NW   NE                           |                                  |                  |                   |             |             |                       |                  |                  |              | √o)               |  |
| SW   SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Survey   Serve   Ser   | W E                               |                                  |                  |                   |             |             | ☐ Online Mapper:      |                  |                  |              |                   |  |
| September   Sept   | SW SE                             |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Source   Land Survey   GPS   Topographic Map                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                  |                  | ······ }          | spin        |             | 6 Elevat              | ion:             | ft               | . 🔲 Ground   | d Level 🔲 TOC     |  |
| mile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S                                 |                                  |                  |                   | . ft. and   |             | Source:               | ☐ Land Sur       | vey 🔲            | GPS 🔲 T      | opographic Map    |  |
| Loweshold   6.   Dewatering: how many wells?   11.   Test Hole: well ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Household   G.   Dewatering: how many wells?   11. Test Hole: well IID   Classed   Uncased   Geotechnical   Lawn & Garden   7.   Aquifer Recharge: well ID   12. Gased   Uncased   Geotechnical   12. Geothermal: how many hores?   13.   Closed Loop   Horizontal   Vertical   13.   Feedlot   First Sparge   Soil Vapor Extraction   13.   Other (specify):   Was a chemical/bacteriological sample submitted to KDHE?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   STYPE OF CASING USED:   Steel   PVC   Other   CASING JOINTS:   Glude   Clamped   Welded   Threaded Casing diameter   in, to   ft, Di   |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Household   6.   Dewatering: how many wells?   11. Test Hole: well ID   Clased   Uncased   Geotechnical   Lawn & Garden   7.   Aquifer Recharge: well ID   12. Geothermal: how many horizontal   vertical   12. Geothermal: how many horizontal   vertical   13.   Closed Loop   Depon   Dep   | 1. Domestic:                      | <ol><li>5. ☐ Public Wa</li></ol> | ter Supply: well | ID                |             |             | 10. 🔲 Oil             | Field Water S    | Supply: le       | ease         |                   |  |
| Livestock   S.   Monitoring: well ID   12. Geothermal: how many bores?   2.   Irrigation   3.   Closed Loop   Horizontal   Vertical   3.   Closed Loop   Horizontal   Vertical   3.   Closed Loop   Horizontal   Vertical   4.   Industrial   Recovery   Injection   3.   Other (specify):   3.   Other (specify):   Server Lines   Server Lin   | ☐ Household                       |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | 8. Monitoring: well ID           |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Mas a chemical/bacteriological sample submitted to KDHE?   Yes   No   If yes, date sample was submitted:   Water well disinfected?   Yes   No   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                  |                  |                   |             | •••         |                       |                  |                  |              |                   |  |
| Was a chemical/bacteriological sample submitted to KDHE?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                  | xtraction        |                   |             |             |                       |                  |                  |              |                   |  |
| Water well disinfected?   Yes   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| STYPE OF CASING USED:   Steel   PVC   Other   CASING JOINTS:   Glued   Clamped   Welded   Threaded Casing diameter   In to     |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Casing height above land surface in. to ft. Diameter in. to ft. Diameter in. Weight being the be |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Casing height above land surface in Weight   bs./ft. Wall thickness or gauge No.  TYPE OF SCREEN OR PERFORATION MATERIAL:    Steel   Stainless Steel   Fiberglass   PVC   Other (Specify)   SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel   Fiberglass   PVC   Other (Specify)   Screen   Stainless Steel   Goncrete tile   None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  Continuous Slot   Mill Slot   Gauze Wrapped   Torch Cut   Drilled Holes   Other (Specify)   Oth |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Stael   Stainless Steel   Concrete tile   None used (open hole)   SCREEN OR PERFORATION OPENINGS ARE:   Continuous Slot   Mill Slot   Gauze Wrapped   Torch Cut   Drilled Holes   Other (Specify)   Control Continuous Slot   Mill Slot   Gauze Wrapped   Saw Cut   None (Open Hole)   SCREEN-PERFORATED INTERVALS: From   ft. to   ft., From   ft. to   ft., From   ft. to   ft. From   ft. Torch   ft. From   f   |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| 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)   Concrete tile   None (Open Hole)   SCREEN-PERFORATED INTERVALS: From   ft. to   ft., From   ft. to   ft., From   ft. to   ft., From   ft. to   ft.     GRAVEL PACK INTERVALS: From   ft. to   ft., From   ft. to   ft., From   ft. to   ft.     GROUT MATERIAL:   Neat cement   Cement grout   Bentonite   Other   Concil Intervals: From   ft. to   ft., From   ft. to   ft.     Grout Intervals: From   ft. to   ft., From   ft. to   ft., From   ft. to   ft.     Nearest source of possible contamination:   Septic Tank   Lateral Lines   Pit Privy   Livestock Pens   Insecticide Storage   Sewer Lines   Seepage Pit   Feedyard   Fertilizer Storage   Oil Well/Gas Well     Other (Specify)   Distance from well?   Distance from well?   ft.     Other (Specify)   Distance from well?   Notes:   Notes:     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)   and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.   This Water Well Record was completed on (mo-day-year)   under the business name of   Seed one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| SCREEN OR PERFORATION OPENINGS ARE:   Continuous Slot   Mill Slot   Gauze Wrapped   Torch Cut   Drilled Holes   Other (Specify)   Continuous Slot   Mill Slot   Gauze Wrapped   Saw Cut   None (Open Hole)   SCREEN-PERFORATED INTERVALS: From   ft. to   ft., From   |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Continuous Slot   Mill Slot   Gauze Wrapped   Saw Cut   Drilled Holes   Other (Specify)   Control Cut   Drilled Holes   Other (Specify)   Control Cut   None (Open Hole)   Saw Cut   Saw Cut   None (Open Hole)   Saw Cut   None (Open Hole)   Saw Cut   None (Open Hole)   Saw Cut   |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Louvered Shutter   Key Punched   Wire Wrapped   Saw Cut   None (Open Hole)   SCREN-PERFORATED INTERVALS: From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                  |                  | □ Тот             | ch Cut - F  | ∃ Dri1      | lled Holes            | □ Other (Sp      | ecify)           |              |                   |  |
| SCREEN-PERFORATED INTERVALS: From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| 9 GROUT MATERIAL:   Neat cement   Cement grout   Bentonite   Other   Grout Intervals:   From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                  |                  |                   |             |             |                       |                  | From             | ft. to       | ft.               |  |
| 9 GROUT MATERIAL:   Neat cement   Cement grout   Bentonite   Other   Grout Intervals:   From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Grout Intervals: From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Septic Tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Sewer Lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Watertight Sewer Lines   Seepage Pit   Feedyard   Fertilizer Storage   Oil Well/Gas Well     Other (Specify)   Direction from well?   ft.  10 FROM   TO   LITHOLOGIC LOG   FROM   TO   LITHOLOG (cont.) or PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Other (Specify) Direction from well?  Distance from well?  TO LITHOLOGIC LOG FROM TO LITHOLOGIC SINTERVALS  FROM TO LITHOLOGIC INTERVALS  Notes:  11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo-day-year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | _                                 |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| Direction from well?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |                                  |                  |                   |             | ∐ Fe        | ertilizer Stor        | age L            | _ Oil We         | ell/Gas Well |                   |  |
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| Notes:    Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   Notes:   N  |                                   |                                  |                  | om we             |             |             |                       |                  |                  |              | GINTERVALS        |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO TROM TO                        | LITHOLOG                         | JIC LOG          |                   | 1 ROW       | _           | 10 1                  | LITTIO. LOG      | (cont.) of       | LUGGII       | GIVILIVILIS       |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
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| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |
| 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                  |                  |                   | Notes:      |             |                       |                  |                  |              |                   |  |
| under my jurisdiction and was completed on (mo-day-year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                  |                  |                   | 110000      |             |                       |                  |                  |              |                   |  |
| under my jurisdiction and was completed on (mo-day-year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |                                  |                  |                   | 1           |             |                       |                  |                  |              |                   |  |
| under my jurisdiction and was completed on (mo-day-year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11 CONTRACTOR'S                   | OR LANDOWNER'S                   | S CERTIFICA      | TION              | : This w    | ater v      | well was              | constructed      | , $\square$ reco | onstructed.  | or plugged        |  |
| Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo-day-year) under the business name of Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | under my jurisdiction an          | d was completed on (m            | no-dav-vear)     |                   | a           | nd th       | is record is          | true to the h    | est of m         | v knowled    | ge and belief.    |  |
| Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Kansas Water Well Con             | tractor's License No             | Th               | nis Wat           | ter Well I  | Recoi       | rd was com            | pleted on (n     | ıo-day-y         | ear)         |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | under the business name           | of                               | TELL OWNERS :    | · · · · · · · · · | ······      |             | 1 10 005              |                  |                  | 11           |                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                  |                  |                   |             |             |                       |                  |                  |              |                   |  |