LOCATION OF WATER WELL: Section Number Township Number Range Number R 27 EMD Distance and direction from nearest town or city street address of well if located within city? 2 WATER WELL OWNER: Shown Lohman RR#, St. Address, Box # Board of Agriculture, Division of Water Resources - NF -WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well **O** Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well ...... 2 Irrigation 4 Industrial Was a chemical/bacteriological sample submitted to Department? Yes ....... No .........; If yes, mo/day/yrs sample was sub-Water Well Disinfected? Yes TYPE OF BLANK CASING USED: CASING JOINTS: Glued ....... Clamped ...... 5 Wrought iron 8 Concrete tile 3 RMP (SR) 9 Other (specify below) 1 Steel 6 Asbestos-Cement Welded ..... 2)PVC Threaded ..... 4 ABS 7 Fiberglass ..... Blank casing diameter in. to 157 ft., Dia in. to ft., Dia in. to ft., Dia in. to ft. PVC TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) ...... 1 Steel 4 Galvanized Steel 9 ABS 6 Concrete tile 12 None used (open hole) 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 11 None (open hole) 5 Guazed wrapped Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 10 Other (specify) ......ft. 7 Torch cut 2 Louvered shutter 4 Key punched From 153 ft. to 195 ft., From ft. to ft. SCREEN-PERFORATED INTERVALS: From \_\_\_\_\_\_\_ft. to \_\_\_\_\_\_ft., From \_\_\_\_\_\_\_ft. to \_\_\_\_\_\_ft. From \_\_\_\_\_\_\_ft. to \_\_\_\_\_\_\_ft. GRAVEL PACK INTERVALS: From ...... ft. to ..... ft., From ..... ft. to ..... ft. **GROUT MATERIAL:** 1 Neat cement 2 Cement grout Bentonite 4 Other..... What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 15 Oil well/Gas well 11 Fuel storage 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage ...... Direction from well? 5 F How many feet? /50 FROM LITHOLOGIC LOG TO **FROM** PLUGGING INTERVALS 0 78 78 96 118 171

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three-copies to Kansas Department of Health

and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.