KSA 82a-1212 LOCATION OF WATER WELL: Section Number Township Number 27 Distance and direction from nearest town or city street address of well if located within city? SE Corner of Dodge City 2 WATER WELL OWNER: Dave Pohlmann RR#, St. Address, Box # : Board of Agriculture, Division of Water Resources AN "X" IN SECTION BOX: - -NE -WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well **Domestic** 9 Dewatering 3 Feedlot 6 Oil field water supply 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well 2 Irrigation 4 Industrial - - SE -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 Welded 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded **2**)PVC 7 Fiberglass 10 Asbestos-Cement TYPE OF SCREEN OR PERFORATION MATERIAL: 11 Other (Specify) 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 1 Steel 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped Mill slot 4 Key punched 9 Drilled holes 1 Continuous slot 10 Other (specify)ft. 7 Torch cut 2 Louvered shutter 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. (3) Bentonite GROUT MATERIAL: 1 Neat cement 2 Cement grout 4 Other..... What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 15 Oil well/Gas well 4 Lateral lines 7 Pit privy 11 Fuel storage 12 Fertilizer storage 8 Sewage lagoon 2 Sewer lines 5 Cess pool 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? **FROM** TO LITHOLOGIC LOG PLUGGING INTERVALS 45 45 70 brown clay gravel w/streaks at clay soult Leavy gravel 70 130

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) 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 Licence No This Water Well Record was completed on (mo/day/yr) by (signature) 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

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well.