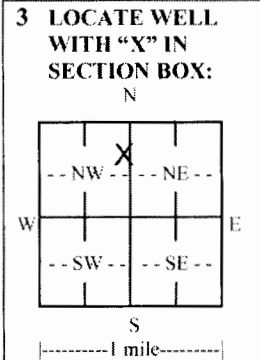


Original Record Correction Change in Well Use

1 LOCATION OF WATER WELL: County: Grant	Fraction NE 1/4 SE 1/4 NE 1/4 NW 1/4	Section Number 2	Township Number T 29 S	Range Number R 36 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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2 WELL OWNER: Last Name: **Yost** First: **Doyle**
 Business: _____ Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
 Address: **301**
 Address: **E Evelyn Ave**
 City: **Ulysses** State: **Ks** ZIP: **67860**



4 DEPTH OF COMPLETED WELL: **520** ft.
 Depth(s) Groundwater Encountered: 1) **325** ft.
 2) _____ ft. 3) _____ ft., or 4) Dry Well
 WELL'S STATIC WATER LEVEL: **325** ft.
 below land surface, measured on (mo-day-yr) **08/21/2015**
 above land surface, measured on (mo-day-yr) _____
 Pump test data: Well water was _____ ft.
 after _____ hours pumping _____ gpm
 Well water was _____ ft.
 after _____ hours pumping _____ gpm
 Estimated Yield: **20** gpm
 Bore Hole Diameter: **9.75** in. to **520** ft. and _____ in. to _____ ft.

5 Latitude: **37.55920** (decimal degrees)
Longitude: **101.22738** (decimal degrees)
 Datum: WGS 84 NAD 83 NAD 27
 Source for Latitude/Longitude:
 GPS (unit make/model: _____) (WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: _____

6 Elevation: **3047** ft. Ground Level TOC
 Source: Land Survey GPS Topographic Map
 Other **KOLAR**

7 WELL WATER TO BE USED AS:

1. Domestic: <input checked="" type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock 2. <input type="checkbox"/> Irrigation 3. <input type="checkbox"/> Feedlot 4. <input type="checkbox"/> Industrial	5. <input type="checkbox"/> Public Water Supply: well ID _____ 6. <input type="checkbox"/> Dewatering: how many wells? _____ 7. <input type="checkbox"/> Aquifer Recharge: well ID _____ 8. <input type="checkbox"/> Monitoring: well ID _____ 9. Environmental Remediation: well ID _____ <input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Recovery <input type="checkbox"/> Injection	10. <input type="checkbox"/> Oil Field Water Supply: lease _____ 11. Test Hole: well ID _____ <input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical 12. Geothermal: how many bores? _____ a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water 13. <input type="checkbox"/> Other (specify): _____
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Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: _____
 Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other _____ CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter **5** in. to **520** ft., Diameter _____ in. to _____ ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **13** in. Weight _____ lbs./ft. Wall thickness or gauge No. **sdr17**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify) _____
 Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify) _____
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From **360** ft. to **380** ft., From **400** ft. to **420** ft., From **440** ft. to **460** ft.
GRAVEL PACK INTERVALS: From **24** ft. to **520** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From **4** ft. to **24** 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 Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify) _____
 Direction from well? _____ Distance from well? _____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	20	Top Soil/clay/Fine sand/cleiche	360	400	streaks fine-med. sand & clay
20	40	sandy clay/sand/cleiche	400	420	fine-med sand/little clay
40	60	sand/Gravel/clay	420	440	fine sand/ sandstone
60	80	sand/gravel/red rock/littleclay/little cleiche	440	480	finesand/sandstone/little brown rock/little cl
80	100	clay/little sand	480	500	sandstone/Iron pyrite/brown rock Hard
100	300	clay	500	520	sandstone hard/shale/sandstone hard
300	320	clay/fine -med. sand/	Notes: screen-perorated Intervals;480-520		
320	340	fine-med sand/streaks clay			
340	360	fine-med sand/little clay			

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) **08/21/2015** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **888** This Water Well Record was completed on (mo-day-year) **08/24/2015** under the business name of **Steve's Drilling**