A .	WELL R		Form V			vision of Wate	AGING CICK J. J			
Original Record Correction Change in Well U					ources App. N	о.	Well ID			
1 LOCATION OF WATER WELL: Fraction				Fraction	Section Number Township Number Range Num			nge Number		
County: Kingman NW45W4 NE					1/4 3601/4	Street or Rural Address where well is located (if unknown, distance and				
	OWNER: L		<i>a</i> , .	First:	4			,		
Business: Address:	messe	nger,	Petrole	UM INC.	direction from	nearest town or	intersection): If at owne	r's address,	check here:	
Address:	525 S.	MAIN	ST.		From w	From Willowdale go WEST on SW 905T TO SW 120 Are Then South 3/4 mile Then EAST TO				
	Kingma		State: KS	ZIP: 67068	JW/20	Ave the	- South 34"	will The	IN EAST 10	
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: 124 ft. 5 Latitude:										
WITH "		Denth(s) G	roundwater	Fincountered: 1)	f	Lauru				
	SECTION BOX: Depth(s) Groundwater Encountered: 1 2)						tude: :: □ WGS 84 □ NA			
l I	V		WELL'S STATIC WATER LEVEL:53				e for Latitude/Longitude		(AD 21	
				, measured on (mo-da			PS (unit make/model:	-		
NW	NE		above land surface, measured on (mo-day-				(WAAS enabled? □			
		Pump test data: Well water was				☐ Land Survey ☐ Topographic Map			•	
W	E	after hours pumping				□ O <sub>1</sub>	nline Mapper:			
	SE	Well water was								
		after hours pumping			gpm	6 Eleva	levation:ft. 🔲 Ground Level 🔲 TOC			
<u> </u>	S	Bore Hole	Bore Hole Diameter: 12.3. in. to129			and Source: Land Survey GPS Topographic Map				
1 г	-	Bore Hore	Diameter. 2.	in. to	ft. and		Other			
7 WELL WATER TO BE USER AS.										
1. Domestic				ter Supply: well ID.		10. 🗖 Oi	Field Water Supply: 1	ease Doc'	S Trust =1	
☐ Housel				g: how many wells?		11. Test I	Hole: well ID		••••	
☐ Lawn o	& Garden		7. Aquifer Recharge: well ID							
☐ Livesto	☐ Livestock 8. ☐ Monitoring: well ID								•••••	
2. 🔲 Irrigati				al Remediation: well			osed Loop 🔲 Horizon			
l <u> </u>				•	r Extraction					
4. 🔲 Industr	rial	L	Recovery	☐ Injection		13. ∐ Ot	her (specify):			
Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:										
Water well disinfected? X Yes  No										
8 TYPE C	F CASING	USED: □	Steel XPV	C 🗌 Other	CASI	NG JOINTS	: 🔼 Glued 🗌 Clampe	d 🔲 Welde	d 🔲 Threaded	
8 TYPE OF CASING USED: Steel XPVC Other										
Casing height above land surface										
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										
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From 124 ft. to 84 ft., From ft. to ft., From ft. to ft.										
GRAVEL PACK INTERVALS: From 124 ft. to 21 ft., From ft. to ft., From ft. to ft., From ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other.										
Grout Intervals: From										
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										
Direction from well? Distance from well? 999 ft.										
10 FROM	TO	f E f	LITHOLOG		FROM	,	LITHO. LOG (cont.) or		GINTERVALS	
O	18	Red			FROM	+	Li ino. Lou (com.) o	LUGUIN	GHTERVALS	
18	35	Corres		TOPSOIL		+				
35	48			nd		+				
48			Clay	·	<del></del>	<del> </del>	V			
	88	COA		And		+ +				
40		TAN	CIAN	<u> </u>		+				
88	208	1-ine	7 Am	Smd	Notes:	.1				
108 112 Tan Clay										
112	129	Fine		SAND						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed   reconstructed or   plugged										
under my i	urisdiction a	nd was comm	oleted on (m	no-day-year) 72	29-15 and	this record is	s true to the best of m	w-knowled	ge and belief.	
Kansas Wa	ter Well Con	ntractor's Lic	cense No	672 This V	Vater Well Re	cord was con	s true to the best of manpleted on (man-day-y	eat) 1.2.	30-15	
under the b	usiness nam	e of	arudiz	WATER	V.T.11. 2.V.E	K	Anni Proposition			
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.										
	Department of He	ealth and Environ	ment, Bureau of	Water, Geology Section, 10	000 SW Jackson St.,	, Suite 420, Topeka	, Kansas 66612-1367. Teleph	ione (785) 296-3	3565.	
Visit us	at http://www.kdl	neks.gov/waterwel	II/index.html		KSA 82a-	1212		Revis	sed 9/10/2012	

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