

☐ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Kingman</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | Fraction: <u>1/4 NW 1/4 SE 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             | Section Number: <u>24</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Township Number: <u>T 30 S</u> |  | Range Number: <u>R 10 E</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WELL OWNER:</b> Last Name: <u>Edmiston</u><br>Business: <u>Oil</u><br>Address: <u>125 N. Market Suite 13</u><br>City: <u>Wichita</u> State: <u>KS</u> ZIP: <u>67202</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 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: <input type="checkbox"/><br><u>1 3/4 S, 3 1/4 E. Nashville, KS</u> |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br>N<br><div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; position: relative;"> <div style="position: absolute; top: 0; left: 0; width: 50%; height: 50%; border-right: 1px solid black; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 0; left: 50%; width: 50%; height: 50%; border-right: 1px solid black; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 50%; left: 0; width: 50%; height: 50%; border-right: 1px solid black;"></div> <div style="position: absolute; top: 50%; left: 50%; width: 50%; height: 50%; border-right: 1px solid black;"></div> <div style="position: absolute; top: 10%; left: 10%;">NW</div> <div style="position: absolute; top: 10%; left: 55%;">NE</div> <div style="position: absolute; top: 55%; left: 10%;">SW</div> <div style="position: absolute; top: 55%; left: 55%;">SE</div> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">X</div> </div> S<br>W E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | <b>4 DEPTH OF COMPLETED WELL:</b> <u>135</u> ft.<br>Depth(s) Groundwater Encountered: 1) ..... ft.<br>2) ..... ft. 3) ..... ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: <u>21</u> ft.<br><input type="checkbox"/> below land surface, measured on (mo-day-yr) <u>1-2-13</u><br><input type="checkbox"/> above land surface, measured on (mo-day-yr) .....<br>Pump test data: Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Well water was ..... ft.<br>after ..... hours pumping ..... gpm<br>Estimated Yield: ..... gpm<br>Bore Hole Diameter: <u>10</u> in. to ..... ft. and<br>in to ..... ft. |                                                                                                                                                                                                                             |                           | <b>5 Latitude:</b> ..... (decimal degrees)<br><b>Longitude:</b> ..... (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br><b>Source for Latitude/Longitude:</b><br><input type="checkbox"/> GPS (unit make/model: .....)<br>(WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: ..... |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID .....<br>6. <input type="checkbox"/> Dewatering: how many wells? .....<br>7. <input type="checkbox"/> Aquifer Recharge: well ID .....<br>8. <input type="checkbox"/> Monitoring: well ID .....<br>9. Environmental Remediation: well ID .....<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease .....<br>11. Test Hole: well ID .....<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? .....<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): <u>Plugged</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical/bacteriological sample submitted to KDHE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: .....<br>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other ..... <b>CASING JOINTS:</b> <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter <u>5</u> in. to <u>135</u> ft., Diameter <u>1 1/2</u> in. to ..... ft., Diameter ..... in. to ..... ft.<br>Casing height above land surface <u>3</u> in. Weight <u>160</u> lbs./ft. Wall thickness or gauge No. ....<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous Slot <input type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) .....<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input checked="" type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>45</u> ft. to <u>135</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>20</u> ft. to <u>135</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....<br>Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br><b>Nearest source of possible contamination:</b><br><input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input checked="" type="checkbox"/> Oil Well/Gas Well<br><input type="checkbox"/> Other (Specify) .....<br>Direction from well? <u>NE</u> Distance from well? <u>300</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>10 FROM TO LITHOLOGIC LOG</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>3</td><td>23</td><td>Bentonite</td></tr> <tr><td>23</td><td>55</td><td>Sand</td></tr> <tr><td>55</td><td>60</td><td>Bentonite</td></tr> <tr><td>60</td><td>135</td><td>Sand</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  |  |  | 3 | 23 | Bentonite | 23 | 55 | Sand | 55 | 60 | Bentonite | 60 | 135 | Sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input checked="" type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>1-2-13</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>140</u> This Water Well Record was completed on (mo-day-year) .....<br>under the business name of <u>Lyman's Inc</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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) 296-3563.<br>Visit us at <a href="http://www.kdheks.gov/waterwell/index.html">http://www.kdheks.gov/waterwell/index.html</a> KSA 82a-1212 Revised 9/10/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |   |    |           |    |    |      |    |    |           |    |     |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |