|  |  | RECORD Form                      |   | sion of Water   |  |  |   |              |  |
|--|--|----------------------------------|---|---|--|--|---|--------------|--|
| Original Record Correction Change in Well Use  |  |                                  |   |   | urces App. No.                               |  | Well ID                                 |              |  |
| 1 LOCATION OF WATER WELL: Fraction County: Barber 4 Sw 1/4 SE 1/4 1  |  |                                  |   |   | tion Number   Township Number   Range Number |  |   |              |  |
| County   | y DACE   | er                               | 1/4 Sw 1/4 SE 1/4                             |   |  |  |   |              |  |
| 2 WELL OWNER: Last Name: Me Kay First: Danny Street or Rural Address where well is located (if unknown, distance and   |  |                                  |   |   |  |  |   |              |  |
| Address:   | direction from nearest fown or intersection): If at owner's address, check here: |                                  |   |   |  |  |   |              |  |
| Address:   |  |                                  |   |   |  |  |   |              |  |
| City:  | redicin  | e Lodge State: KS                | ZIP: 67104 /                                  | nie No  | KP 181                                       | nije   |   |              |  |
| 3 LOCAT  | E WELL   | 4 DEPTH OF COM                   |   | ft. 5 Latitude:(decimal degrees)  |  |  |   |              |  |
| WITH "   |  |                                  |   |   |  |  |   |              |  |
| SECTION BOX: Depth(s) Groundwater Encountered: 1)  |  |                                  |   |   |  |  |   |              |  |
| WELL'S STATIC WATER LEVEL:   |  |                                  |   |   | Source for Latitude/Longitude:               |  |   |              |  |
|  | □ below land surface, measured on (m   |                                  |   |   |  | G (unit make/model:  |   |              |  |
| NW   | NE   |                                  | ☐ above land surface, measured on (mo-day-yr) |   |  | (11111111111111111111111111111111111111  |   |              |  |
| F  |  |                                  | vater was ft                                  |   | ☐ Land Survey ☐ Topographic Map              |  |   |              |  |
| W  | E after hours pumping  |                                  |   |   | Onl  | ine Mapper:  | • |              |  |
| sw   | SE   |                                  | vater was ft                                  |   |  |  |   |              |  |
|  |  | after hours pumping              |   |   | 6 Elevation:ft. Ground Level TOC             |  |   |              |  |
| <u> </u>   | S  | Bore Hole Diameter: 1            | . ft. and                                     | Source:    Land Survey    GPS    Topographic Map  |  |  |   |              |  |
| ,  1 r   | mile   |                                  | in. to  | ft.   |  | Other  | •••••                                   |              |  |
| 7 WELL WATER TO BE USED AS:  |  |                                  |   |   |  |  |   |              |  |
| 1. Domestic  | :  | 5. 🗌 Public Wa                   |   | 10.  Oil Field Water Supply: lease  |  |  |   |              |  |
| . —  | Household 6. ☐ Dewatering: how many wells?                                       |                                  |   |   | 11. Test Hole: well ID                       |  |   |              |  |
| ı <del></del> .  | Lawn & Garden 7. Aquifer Recharge: well ID                                       |                                  |   |   | ☐ Cased ☐ Uncased ☐ Geotechnical             |  |   |              |  |
| Livest   |  | 8. Monitorin                     |   | 12. Geothermal: how many bores?   |  |  |   |              |  |
| 2. ☐ Irrigati 3. ☐ Feedlo  |  | 9. Environment                   |   | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water |  |  |   |              |  |
| 4. Industr   |  | ☐ Air Sparg ☐ Recovery           |   | xtraction   |  |  |   |              |  |
|  |  |                                  |   |   |  |  |   |              |  |
| Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:  |  |                                  |   |   |  |  |   |              |  |
| Water well disinfected? ☐ Yes X No  8 TYPE OF CASING USED: ☐ Steel X PVC ☐ Other   |  |                                  |   |   |  |  |   |              |  |
| 8 I YPE C  | of CASING  | FUSED: Steel MAPA                | Diameter                                      | CASIN   | (G JOIN IS:                                  | Glued   Clamped  | ı ∐ Welded                              | I ∐ Threaded |  |
| Casing diameter  |  |                                  |   |   |  |  |   |              |  |
| 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  |  |                                  |   |   |  |  |   |              |  |
| SCREEN-PERFORATED INTERVALS: From  |  |                                  |   |   |  |  |   |              |  |
| GRAVEL PACK INTERVALS: From  |  |                                  |   |   |  |  |   |              |  |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |  |                                  |   |   |  |  |   |              |  |
| Grout Intervals: From  |  |                                  |   |   |  |  |   |              |  |
| Nearest sou<br>□ Septic  |  | Die contamination:  Lateral Line | es Pit Privy                                  |   | Livestock Pens                               | □ Insectio   | cide Storage                            |              |  |
| Sewer  |  | ☐ Cess Pool                      | ☐ Sewage Lag                                  | _   | Fuel Storage                                 |  |   | Well         |  |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well |  |                                  |   |   |  |  |   |              |  |
|  |  |                                  |   |   |  |  |   |              |  |
| Direction fro  | om well?   | 7.99                             |   | · · · · · · · · · · · · · · · · · · ·   |  | ft.  |   |              |  |
| 10 FROM  | TO   | LITHOLO                          | _   | FROM  | TO L   | ITHO. LOG (cont.) or   | PLUGGING                                | 3 INTERVALS  |  |
| 0  | 5  | BRN TOP Se.                      | •   |   |  | Mark Mark Control of C |   |              |  |
| 5  | 25   | Time Samo                        | TAN   | ļļ  |  |  |   |              |  |
| 25   | 60   | Tom Clay                         |   |   |  |  |   |              |  |
| 25   | 65   | Fine Sme                         | Tan   |   |  |  |   |              |  |
| 45   | 70   | Tam Clay                         |   |   |  |  |   |              |  |
| 70   | 75   | NE & Cliny                       |   | N1-4  |  |  |   |              |  |
|  |  |                                  |   |   | Notes:                                       |  |   |              |  |
|  |  |                                  |   |   |  |  |   |              |  |
| 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)   |  |                                  |   |   |  |  |   |              |  |
| Kansas Water Well Contractor's License No. 27.7 This Water Well Record was completed on (mo-day-year)  |  |                                  |   |   |  |  |   |              |  |
| under the business name of Colored is WAter WELL SAW.  |  |                                  |   |   |  |  |   |              |  |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.60 or 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.               |  |                                  |   |   |  |  |   |              |  |
| ı Vicit ne   | ar http://www.kc   | neks.gov/waterwell/index.html    |   | KSA 82a-12  | 17   |  | Revis                                   | an 9/10/2012 |  |