LOCATION OF WATER WELL: Range Number Section Number Township Number **7**Z Distance and direction from nearest town or city street address of well if located within city? E Pro WATER WELL OWNERShannon Smith RR#, St. Address, Box # Board of Agriculture, Division of Water Resources City, State, ZIP Code : L: beral, KS 67901 Application Number: AN "X" IN SECTION BOX: 1 ft. 2 ft. 3 ft. 3 Depth(s) Groundwater Encountered WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yrft. -NW - NE WELL WATER TO BE USED AS: 8 Air conditioning 5 Public water supply 11 Injection well **D**Domestic 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 3 Feedlot 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well W 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 PVC 4 ABS 7 Fiberglass **Ø** PVC TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 8 RMP (SR) 11 Other (Specify) 3 Stainless Steel 5 Fiberglass 1 Steel 12 None used (open hole) 4 Galvanized Steel 6 Concrete tile 9 ABS 2 Brass 11 None (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 6 Wire wrapped 9 Drilled holes Mill slot 1 Continuous slot 10 Other (specify)ft. 7 Torch cut 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: **GRAVEL PACK INTERVALS:** From ft. to ft., From ft., ft. to ft. to ft. **Bentonite GROUT MATERIAL:** 1 Neat cement 2 Cement grout 14 Abandoned water well What is the nearest source of possible contamination: 10 Livestock pens 15 Oil well/Gas well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 2 Sewer lines 12 Fertilizer storage 16 Other (specify below) 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet? / < FROM LITHOLOGIC LOG FROM PLUGGING INTERVALS TO TO 30 0 3 O 45 78 78 90 RECEIVED 40 115 115

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (2) constructed, 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) 20 - 24 by (signature) by (signature) by (signature) 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

BUREAU OF WATER