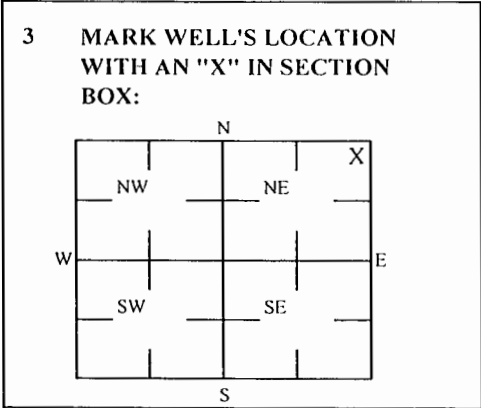


| | | | | |
|--|------------------------------|----------------------|---------------------------|--|
| 1 LOCATION OF WATER WELL: County: Sedgwick | Fraction NE ¼ NE¼ NE¼ NE¼ | Section Number 29 | Township Number T 28 S | Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W |
|--|------------------------------|----------------------|---------------------------|--|

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: NA (in decimal degrees)
 Longitude: NA (in decimal degrees)
 Elevation: NA
 Horizontal Datum WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/model: _____)
 Digital Map/Photo, Topographic Map Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: QuikTrip Corporation
 RR#, St. Address, Box #: 5611 S Broadway
 City, State ZIP Code: Wichita, KS 67217



4 DEPTH OF WELL 18.5 ft. MW9
 WELL'S STATIC WATER LEVEL NA ft
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:
 Steel RMP (SR) Wrought Fiberglass Other (Specific below)
 PVC ABS Asbestos-Cement Concrete Tile
 Blank casing diameter 2 in. Was casing pulled? Yes No If yes, how much 3'
 Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other Soil: 0-3'
 Grout Plug Intervals: From 3 ft to 18.5 ft, From _____ ft to _____ ft, From _____ ft to _____ ft,
 What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feed yard Abandoned water well _____
 Cess pool Livestock pens Oil well/Gas well _____
 Direction from well? _____
 How many feet? _____

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|------|--------------------|------|----|--------------------|
| 0 | 3 | Soil | | | |
| 3 | 18.5 | Bentonite | | | |
| | | | | | |
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Notes: KDHE ID: QuikTrip #378; U2-087-01342

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/7/2021 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 4/9/2021 under the business name of Larsen & Associates, Inc. By (signature) _____

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.