

| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b>  | Fraction<br><b>SW 1/4 NE 1/4 NE 1/4</b> | Section Number<br><b>32</b> | Township Number<br><b>27S</b> | Range Number<br><b>1E</b> |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|---|---|-----------------------------|-------------------------------|---------------------------|---------------|---------------|--------------------|--------------------------|-------------------------|------------------------|-----------------------|--------------------------|--------------------------|-----------------|------------------------|-----|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|---|--|--|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|-------------------------------|-------------------|--------------|--------------------|---------------|
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1808 S WICHITA</b>  |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 2 WATER WELL OWNER: <b>DORIS WARD</b><br>RR#, St. Address, Box #: <b>1808 S. WICHITA</b><br>City, State, ZIP Code: <b>WICHITA, KS 67203</b><br>Board of Agriculture, Division of Water Resources<br>Application Number:   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td colspan="2"></td><td colspan="2">X</td></tr> <tr><td colspan="2">W</td><td colspan="2">E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td colspan="2">S</td><td colspan="2"></td></tr> </table>  |   | N W                         |                               | N E                       |               |               |                    | X                        |                         | W                      |                       | E                        |                          | S W             |                        | S E |                 |            |                         |  |             | S                 |                      |  |  | 4 DEPTH OF WELL..... <b>30</b> ...ft.<br>WELL'S STATIC WATER LEVEL..... <b>15</b> ...ft.<br><br>WELL WAS USED AS:<br><table style="width:100%;"> <tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr> <tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr> <tr><td>3 Feedlot</td><td><u>7 Lawn and Garden Only</u></td><td>11 Injection Well</td></tr> <tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No..X.<br>If yes, mo/day/yr sample was submitted.....<br><br>Water Well Disinfected: Yes..... No..X.. |  |  | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | <u>7 Lawn and Garden Only</u> | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
| N W   |   | N E                         |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   | X                           |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| W   |   | E                           |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| S W   |   | S E                         |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| S   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 1 Domestic  | 5 Public Water Supply                   | 9 Dewatering                |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 2 Irrigation  | 6 Oil Field Water Supply                | 10 Monitoring Well          |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 3 Feedlot   | <u>7 Lawn and Garden Only</u>           | 11 Injection Well           |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 4 Industrial  | 8 Air Conditioning                      | 12 Other.....               |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 5 TYPE OF BLANK CASING USED:<br><table style="width:100%;"> <tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr> <tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr> </table><br>Blank casing diameter..... <b>1 1/2</b> in. Was casing pulled? Yes..X.. No..... If yes, how much.. <b>20'</b> ..<br>Casing height above or below land surface..... <b>NONE</b> .....in.  |   |                             |                               |                           | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC                  | 4 ABS                 | 6 Asbestos-Cement        | 8 Concrete Tile          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 1 Steel   | 3 RMP (SR)                              | 5 Wrought                   | 7 Fiberglass                  | 9 Other (specify below)   |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 2 PVC   | 4 ABS                                   | 6 Asbestos-Cement           | 8 Concrete Tile               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: <u>1 Neat cement</u> 2 Cement grout 3 Bentonite 4 Other.....<br>Grout Plug Intervals: From.. <b>10</b> ..ft. to.. <b>0</b> ..ft., From.....ft. to .....ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr> <tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td><b>TERMITE TREATMENT</b></td></tr> <tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr> <tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr> <tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr> </table><br>Direction from well? ... <b>WEST</b> ..... How many feet? ... <b>2</b> ..... |   |                             |                               |                           | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy            | 12 Fertilizer storage | <b>TERMITE TREATMENT</b> | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |     | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 1 Septic tank   | 6 Seepage pit                           | 11 Fuel storage             | 16 Other (specify below)      |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 2 Sewer lines   | 7 Pit privy                             | 12 Fertilizer storage       | <b>TERMITE TREATMENT</b>      |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 3 Watertight sewer lines  | 8 Sewage lagoon                         | 13 Insecticide storage      |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 4 Lateral lines   | 9 Feedyard                              | 14 Abandoned water well     |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 5 Cess Pool   | 10 Livestock pens                       | 15 Oil well/Gas well        |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><b>10'</b></td> <td><b>0'</b></td> <td><b>PORTLAND CEMENT</b></td> </tr> <tr> <td><b>30'</b></td> <td><b>10'</b></td> <td><b>COLLAPSED</b></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> </tbody> </table>   |   |                             |                               |                           | FROM          | TO            | PLUGGING MATERIALS | <b>10'</b>               | <b>0'</b>               | <b>PORTLAND CEMENT</b> | <b>30'</b>            | <b>10'</b>               | <b>COLLAPSED</b>         |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| FROM  | TO                                      | PLUGGING MATERIALS          |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| <b>10'</b>  | <b>0'</b>                               | <b>PORTLAND CEMENT</b>      |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| <b>30'</b>  | <b>10'</b>                              | <b>COLLAPSED</b>            |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
|   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... <b>11-18-96</b> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>N/A</b> ..... This Water Well Record was completed on (mo/day/year) .... <b>11-20-96</b> ... under the business name of ... <b>N/A</b> ...<br>by (signature) ..... <b>Andy L. Lister</b> ..... <b>G. COVER</b>   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |
| INSTRUCTIONS: Use typewriter or ball point pen. 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 and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.   |   |                             |                               |                           |               |               |                    |                          |                         |                        |                       |                          |                          |                 |                        |     |                 |            |                         |  |             |                   |                      |  |  |   |  |  |            |                       |              |              |                          |                    |           |                               |                   |              |                    |               |

INSPECTED BY CHRIS HAMMOND 11-21-96 3:00