

| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b>   | Fraction<br><b>SE 1/4 SE 1/4 NE 1/4</b> | Section Number<br><b>7</b>                 | Township Number<br><b>27</b> | Range Number<br><b>1 E</b> |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|--|---|--|------------------------------|----------------------------|---------------|---------------|--|--------------------------|-------------------------|--------------------|-----------------------|-------------------|--------------------------|---|------------------------|--|---|-----------------------|-------------------------|--------------|--------------------------|--------------------|----------------------|------------------------|-------------------|--------------|--------------------|---------------|
| Distance and direction from nearest town or city street address of well if located within city?<br><b>1801 Garland Wichita KS.</b>   |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 2 WATER WELL OWNER: <b>JANEEN K. HUGHES</b>  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| RR#, St. Address, Box #: <b>1801 Garland</b> Board of Agriculture, Division of Water Resources<br>City, State, ZIP Code : <b>Wichita KS 67203</b> 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>W</td><td></td><td></td><td>E</td></tr><tr><td colspan="2">S W</td><td colspan="2">S E</td></tr></table><br>S   |   | N W  |                              | N E                        |               | W             |  |                          | E                       | S W                |                       | S E               |                          | 4 DEPTH OF WELL..... <b>17 3/4</b> .....ft.<br>WELL'S STATIC WATER LEVEL.... <b>6</b> .....ft.<br><br>WELL WAS USED AS:<br><table style="width:100%;"><tr><td><input checked="" type="radio"/> 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>7 Lawn and Garden Only</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 <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted.....<br><br>Water Well Disinfected: Yes..... No <input checked="" type="checkbox"/> |                        |  | <input checked="" type="radio"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering            | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot            | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
| N W  |   | N E  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| W  |   |  | E                            |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| S W  |   | S E  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| <input checked="" type="radio"/> 1 Domestic  | 5 Public Water Supply                   | 9 Dewatering                               |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 2 Irrigation   | 6 Oil Field Water Supply                | 10 Monitoring Well                         |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 3 Feedlot  | 7 Lawn and Garden Only                  | 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><input checked="" type="radio"/> 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>5</b> .....in. Was casing pulled? Yes..... No <input checked="" type="checkbox"/> . If yes, how much.....<br>Casing height above or below land surface..... <b>0</b> .....in. <b>Flush in bsmt.</b>   |   |  |                              |                            | 1 Steel       | 3 RMP (SR)    | <input checked="" type="radio"/> 5 Wrought | 7 Fiberglass             | 9 Other (specify below) | 2 PVC              | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 1 Steel  | 3 RMP (SR)                              | <input checked="" type="radio"/> 5 Wrought | 7 Fiberglass                 | 9 Other (specify below)    |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 2 PVC  | 4 ABS                                   | 6 Asbestos-Cement                          | 8 Concrete Tile              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout 3 Bentonite 4 Other.....<br>Grout Plug Intervals: From <b>17 3/4</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></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? ..... How many feet? ..... |   |  |                              |                            | 1 Septic tank | 6 Seepage pit | 11 Fuel storage                            | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy        | 12 Fertilizer storage |                   | 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                      |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 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>17 3/4</b></td><td><b>0</b></td><td><b>Cement Plug</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><tr><td> </td><td> </td><td> </td></tr></tbody></table>  |   |  |                              |                            | FROM          | TO            | PLUGGING MATERIALS                         | <b>17 3/4</b>            | <b>0</b>                | <b>Cement Plug</b> |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| FROM   | TO                                      | PLUGGING MATERIALS                         |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| <b>17 3/4</b>  | <b>0</b>                                | <b>Cement Plug</b>                         |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
|  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>15 Aug. 97</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) <b>15 Aug. 1997</b> under the business name of .....<br>by (signature) <b>Kurt A. Long</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.  |   |  |                              |                            |               |               |  |                          |                         |                    |                       |                   |                          |   |                        |  |   |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |