

| <b>LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction: <u>SW ¼ SE ¼ NE ¼</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          | Section Number: <u>21</u>                                                      | Township Number: <u>T 27 S</u> | Range Number: <u>R 1 EW</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------|-----------------------------|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>125 N. Mathewson, Wichita, KS</u>                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| WATER WELL OWNER: <u>Robinson - Leshline</u>                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Board of Agriculture, Division of Water Resources<br>Application Number: _____ |                                |                             |
| #, St. Address, Box #: <u>125 N. Mathewson</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| City, State, ZIP Code: <u>Wichita, KS 67211</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| LOCATE WELL'S LOCATION WITHIN "X" IN SECTION BOX:<br><div style="text-align:center;"></div>                                                                                                                                                                                                                                                                                     |    | DEPTH OF COMPLETED WELL: <u>22</u> ft. ELEVATION: _____<br>Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.<br>WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <u>8</u> in. to <u>22</u> ft., and _____ in. to _____ ft. |                                                                                |                                |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | WELL WATER TO BE USED AS:<br>1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation    4 Industrial    7 Lawn and garden only    10 Monitoring well                                                                                                                                                                                                                                                     |                                                                                |                                |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____. If yes, mo/day/yr sample was submitted _____                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | Water Well Disinfected? Yes _____ No _____                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                |                             |
| TYPE OF CASING USED:<br>1 Steel<br>2 PVC<br>3 RMP (SR)<br>4 ABS<br>Casing diameter <u>2</u> in. to <u>10</u> ft., Dia _____ in. weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                          |    | CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____<br>5 Wrought iron<br>6 Asbestos-Cement<br>7 Fiberglass<br>8 Concrete tile<br>9 Other (specify below) <u>Pulled</u>                                                                                                                                                                                                                                                                                  |                                                                                |                                |                             |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel<br>2 Brass<br>3 Stainless steel<br>4 Galvanized steel                                                                                                                                                                                                                                                                                                                                                         |    | SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot<br>2 Louvered shutter<br>3 Mill slot<br>4 Key punched<br>5 Gauzed wrapped<br>6 Wire wrapped<br>7 Torch cut<br>8 Saw cut<br>9 Drilled holes<br>10 Other (specify) <u>Pulled</u>                                                                                                                                                                                                                                  |                                                                                |                                |                             |
| GRAVEL PACK INTERVALS:<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                               |    | PERFORATED INTERVALS:<br>From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                |                             |
| ROUT MATERIAL:<br>1 Neat cement<br>2 Cement grout<br>3 Bentonite<br>4 Other                                                                                                                                                                                                                                                                                                                                                                                      |    | How many feet? <u>80</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                |                                |                             |
| Is the nearest source of possible contamination:<br>1 Septic tank<br>2 Sewer lines<br>3 Watertight sewer lines<br>4 Lateral lines<br>5 Cess pool<br>6 Seepage pit<br>7 Pit privy<br>8 Sewage lagoon<br>9 Feedyard<br>10 Livestock pens<br>11 Fuel storage<br>12 Fertilizer storage<br>13 Insecticide storage<br>14 Abandoned water well<br>15 Oil well/Gas well<br>16 Other (specify below)                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| Location from well? <u>Northeast</u>                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FROM                                                                           | TO                             | PLUGGING INTERVALS          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>0</u>                                                                       | <u>2</u>                       | <u>CONCRETE</u>             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>2</u>                                                                       | <u>22</u>                      | <u>BENTONITE</u>            |
| <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="margin: 0;">DEC 13 2000</p> <p style="margin: 0;">BUREAU OF WATER</p> <p style="position: absolute; top: 0; right: 0; transform: rotate(-45deg); font-family: cursive;">14104#</p>                                                                                                                                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Nov 10, 2000</u> and this record is true to the best of my knowledge and belief. Kansas Well Contractor's License No. <u>52A</u> . This Water Well Record was completed on (mo/day/yr) <u>Nov 16, 2000</u> by the business name of <u>Allied Laboratories</u> by (signature) _____ |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |
| 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: 913-296-6545. Send one to WATER WELL OWNER and retain one for your records.                                                                                                  |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                |                                |                             |