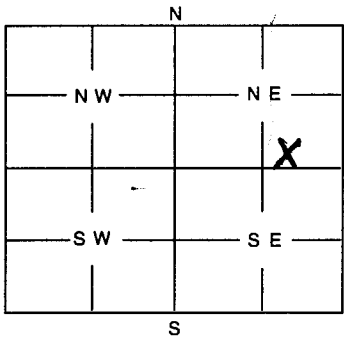


1 LOCATION OF WELL: County: <u>Sedgwick</u>	Fraction <u>SW</u> <u>SE</u> <u>NE</u> <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number <u>19</u>	Township Number <u>1E</u>	Range Number <u>28</u>
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Distance and direction from nearest town or city street address of well if located within city? 241 N. Exposition Wichita, KS

2 WATER WELL OWNER: <u>First Preston</u> RR #, St. Address, Box #: <u>11004 E Hwy 40 suite 132</u> City, State, ZIP Code: <u>Independence, MO 64055</u>	Board of Agriculture, Division of Water Resources Application Number: _____
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>	4 DEPTH OF WELL <u>30</u> ft. WELL'S STATIC WATER LEVEL <u>10</u> ft. WELL WAS USED AS: <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>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes <u>X</u> No _____	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
1 Domestic	5 Public Water Supply	9 Dewatering											
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well											
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well											
4 Industrial	8 Air Conditioning	12 Other											

5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile <u>1 1/4</u> Blank casing diameter _____ in. Was casing pulled? Yes _____ No <u>X</u> Casing height above or below land surface _____ in. If yes, how much _____	<u>Sandpoint</u>
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage <u>Inside</u> 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	Direction from well? _____ How many feet? _____
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FROM	TO	PLUGGING MATERIALS
30	10	Gravel
10	0	Cement

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1-17-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> <u>EH-01</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Nicholas George</u>	This Water Well Record was completed on (mo/day/year) _____
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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: 785/296-3565. Send one to Water Well Owner and retain one for your records.