

|                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                        |  |                |                                                   |                 |  |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------|--|----------------|---------------------------------------------------|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |  | Fraction                                                                               |  | Section Number |                                                   | Township Number |  | Range Number |  |
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                         |  | NW ¼ NW ¼ SW ¼                                                                         |  | 20             |                                                   | T 27 S          |  | R 1 <b>E</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>206 N. Seneca, Wichita</b>                                                                                                                                                                                                                                |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 2 WATER WELL OWNER: <b>Estfan LLC</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| RR#, St. Address, Box # : <b>206 N. Seneca</b>                                                                                                                                                                                                                                                                                                                  |  |                                                                                        |  |                | Board of Agriculture, Division of Water Resources |                 |  |              |  |
| City, State, ZIP Code : <b>Wichita, Kansas 67203-6023</b>                                                                                                                                                                                                                                                                                                       |  |                                                                                        |  |                | Application Number:                               |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |  | 4 DEPTH OF COMPLETED WELL: <b>30</b> ft. ELEVATION: <b>1301.58</b>                     |  |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.                |  |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr _____     |  |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Pump test data: Well water was <b>NA</b> ft. after _____ hours pumping _____ gpm       |  |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm |  |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  | Bore Hole Diameter <b>8</b> in. to <b>30</b> ft. and _____ in. to _____ ft.            |  |                |                                                   |                 |  |              |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                                                                            |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering <b>12</b> Other (Specify below)                                                                                                                                                                                                                                                                      |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| <b>Air sparge</b>                                                                                                                                                                                                                                                                                                                                               |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____                                                                                                                                                                                                  |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                        |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                                                                                      |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| <b>2</b> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                       |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 7 Fiberglass _____ Threaded <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                 |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Blank casing diameter <b>2</b> in. to <b>28</b> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                       |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Casing height above land surface <b>-5.16</b> in. weight _____ lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>                                                                                                                                                                                                                                              |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL                                                                                                                                                                                                                                                                                                                          |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC 10 Asbestos-cement                                                                                                                                                                                                                                                                                          |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____                                                                                                                                                                                                                                                                                  |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                        |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 1 Continuous slot <b>3</b> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                                                                             |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                 |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                            |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| SCREEN-PERFORATED INTERVALS: From <b>28</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                    |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                         |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| GRAVEL PACK INTERVALS: From <b>26</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                          |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                         |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other _____                                                                                                                                                                                                                                                                                 |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Grout intervals: From <b>3</b> ft. to <b>26</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                     |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                           |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                                                                             |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                                  |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____                                                                                                                                                                                                                                                          |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 13 Insecticide storage _____                                                                                                                                                                                                                                                                                                                                    |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                 |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                               |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 0 0.5 Asphalt,                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 0.5 5 Silt, gray clay stringers, Gray                                                                                                                                                                                                                                                                                                                           |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 5 17 Sand (vf-f), Lt. Gray                                                                                                                                                                                                                                                                                                                                      |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 17 23 Sand (f-m), Gray                                                                                                                                                                                                                                                                                                                                          |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 23 30 Sand (f-c), Gray Brown to Brown                                                                                                                                                                                                                                                                                                                           |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| AS3, Tag # 0044605, Flushmount                                                                                                                                                                                                                                                                                                                                  |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1)</b> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>12/28/2009</b> and this record is true to the best of my knowledge and belief.                                                                                           |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| Kansas Water Well Contractor's License No. <b>527</b> This Water Well Record was completed on (mo/day/yr) <b>1/6/2010</b>                                                                                                                                                                                                                                       |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| under the business name of <b>GeoCore, Inc.</b> by (signature) <i>Dale Kahl</i>                                                                                                                                                                                                                                                                                 |  |                                                                                        |  |                |                                                   |                 |  |              |  |
| 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                                                                                        |  |                |                                                   |                 |  |              |  |

OFFICE USE ONLY

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