

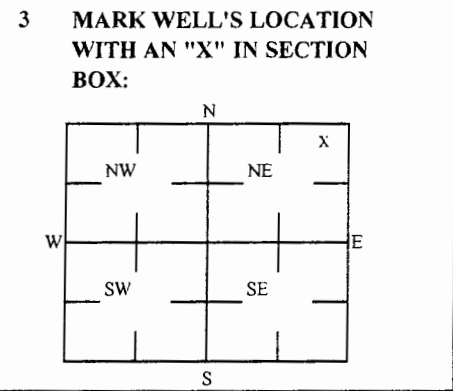
1 LOCATION OF WATER WELL: County: Sedgwick Fraction 1/4 NE 1/4 NE 1/4 NE 1/4 Section Number 8 Township Number T 27 S Range Number 1 [X] E [] W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [] 21st & Broadway, Wichita, KS

Global Positioning Systems (GPS) information: Latitude: NA (in decimal degrees) Longitude: NA (in decimal degrees) Elevation: NA Horizontal Datum [] WGS84, [] NAD83, [] NAD27 Collection Method: [] GPS unit (Make/model: [] Digital Map/Photo, [] Topographic Map, [] Land Survey Est. Accuracy: [] <3 m, [] 3-5 m, [] 5-15 m, [] >15 m

2 WATER WELL OWNER: City of Wichita RR#, St. Address, Box #: 455 N. Main St., MS 1-13 City, State ZIP Code: Wichita, KS 67202

GPS unit (Make/model: [] Digital Map/Photo, [] Topographic Map, [] Land Survey Est. Accuracy: [] <3 m, [] 3-5 m, [] 5-15 m, [] >15 m



4 DEPTH OF WELL 19.1 ft. WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: [] Domestic [] Irrigation [] Feedlot [] Industrial [] Public Water Supply [] Oil Field Water Supply [] Domestic (Lawn & Garden) [] Air Conditioning [] Dewatering [X] Monitoring [] Injection Well [] Other _____ Was a chemical/bacteriological sample submitted to Department? Yes [] No [X]

5 TYPE OF BLANK CASING USED: [X] Steel [] RMP (SR) [] Wrought [] Fiberglass [] Other (Specific below) [] PVC [] ABS [] Asbestos-Cement [] Concrete Tile Blank casing diameter 4 in. Was casing pulled? Yes [X] No [] If yes, how much 3' Casing height above or below land surface NA in.

6 GROUT PLUG MATERIAL: [] Neat cement [] Cement grout [X] Bentonite [X] Other Concrete: 0-1' Grout Plug Intervals: From 1 ft to 19.1 ft, From _____ ft to _____ ft, From _____ ft to _____ ft. What is the nearest source of possible contamination: [] Septic tank [] Sewer lines [] Watertight sewer lines [] Lateral lines [] Cess pool [] Seepage pit [] Pit privy [] Sewage lagoon [] Feed yard [] Livestock pens [] Fuel storage [] Fertilizer storage [] Insecticide storage [] Abandoned water well [] Oil well/Gas well [] Other (specify below) _____ Direction from well? _____ How many feet? _____

Table with 6 columns: FROM, TO, PLUGGING MATERIALS, FROM, TO, PLUGGING MATERIALS. Row 1: 0, 1, Concrete. Row 2: 1, 19.1, Bentonite. Row 3: Empty. Row 4: Empty. Row 5: Empty. Row 6: Empty. Row 7: Empty. Row 8: Empty. Row 9: Empty. Row 10: Empty. Row 11: Empty. Row 12: Empty. Row 13: Empty. Row 14: Empty. Row 15: Empty. Row 16: Empty. Row 17: Empty. Row 18: Empty. Row 19: Empty. Row 20: Empty. Row 21: Empty. Row 22: Empty. Row 23: Empty. Row 24: Empty. Row 25: Empty. Row 26: Empty. Row 27: Empty. Row 28: Empty. Row 29: Empty. Row 30: Empty. Row 31: Empty. Row 32: Empty. Row 33: Empty. Row 34: Empty. Row 35: Empty. Row 36: Empty. Row 37: Empty. Row 38: Empty. Row 39: Empty. Row 40: Empty. Row 41: Empty. Row 42: Empty. Row 43: Empty. Row 44: Empty. Row 45: Empty. Row 46: Empty. Row 47: Empty. Row 48: Empty. Row 49: Empty. Row 50: Empty. Row 51: Empty. Row 52: Empty. Row 53: Empty. Row 54: Empty. Row 55: Empty. Row 56: Empty. Row 57: Empty. Row 58: Empty. Row 59: Empty. Row 60: Empty. Row 61: Empty. Row 62: Empty. Row 63: Empty. Row 64: Empty. Row 65: Empty. Row 66: Empty. Row 67: Empty. Row 68: Empty. Row 69: Empty. Row 70: Empty. Row 71: Empty. Row 72: Empty. Row 73: Empty. Row 74: Empty. Row 75: Empty. Row 76: Empty. Row 77: Empty. Row 78: Empty. Row 79: Empty. Row 80: Empty. Row 81: Empty. Row 82: Empty. Row 83: Empty. Row 84: Empty. Row 85: Empty. Row 86: Empty. Row 87: Empty. Row 88: Empty. Row 89: Empty. Row 90: Empty. Row 91: Empty. Row 92: Empty. Row 93: Empty. Row 94: Empty. Row 95: Empty. Row 96: Empty. Row 97: Empty. Row 98: Empty. Row 99: Empty. Row 100: Empty.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/10/2017 and this record is true to the best of my knowledge and belief. Kansas Water Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 2/2/2017 under the business name of Larsen & Associates, Inc. By (signature) [Signature]

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records. Visit us at http://www.kdheks.gov/waterwell/index.html Telephone 785-296-5524.