

| <b>LOCATION OF WATER WELL:</b><br>County: Sedgwick                                                                                                                                                                                                                                                                                                                                                                                                                    |      | Fraction<br><u>N 1/4 NE 1/4 NW 1/4</u>                                                                | Section Number<br><u>9</u>                                                                                                                                   | Township Number<br><u>T 27 S</u> | Range Number<br><u>R 1 E/W</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2050 N. Mosley, Wichita</u>                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| <b>WATER WELL OWNER:</b><br>RR#, St. Address, Box # :<br>City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                       | Board of Agriculture, Division of Water Resources<br>Application Number:<br><u>National By-Products</u><br><u>P.O. Box 615</u><br><u>Des Moines IA 50303</u> |                                  |                                |
| <b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                             |      | <b>DEPTH OF COMPLETED WELL:</b> <u>20</u> ft. <b>ELEVATION:</b> _____                                 |                                                                                                                                                              |                                  |                                |
| <p>A 2x2 grid representing a section box. The top-left quadrant contains an 'X'. The quadrants are labeled NW, NE, SW, SE.</p>                                                                                                                                                                                                                                                                                                                                        |      | Depth(s) Groundwater Encountered 1. <u>14.5</u> ft. 2. _____ ft. 3. _____ ft.                         |                                                                                                                                                              |                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | WELL'S STATIC WATER LEVEL <u>15.71</u> ft. below land surface measured on mo/day/yr <u>10-27-93</u> . |                                                                                                                                                              |                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm.                         |                                                                                                                                                              |                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Est. Yield _____ gpm; Well water was _____ ft. after _____ hours pumping _____ gpm.                   |                                                                                                                                                              |                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | Bore Hole Diameter <u>8</u> in. to _____ ft., and _____ in. to _____ ft.                              |                                                                                                                                                              |                                  |                                |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      11 Injection well                                                                                                                                                                                                                                                                                                                                                                      |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 2 Irrigation      4 Industrial      7 Lawn and garden only <u>10 Monitoring well</u> 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 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 _____ No <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| <b>TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 2 PVC      4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| Blank casing diameter <u>2</u> in. to _____ ft. Dia. _____ in. to _____ ft. Dia. _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                               |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| Casing height above land surface <u>Flush</u> in., weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>154</u>                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      10 Asbestos-cement                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped      8 Saw cut      11 None (open hole)                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes      10 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                          |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| SCREEN-PERFORATED INTERVALS: From <u>10</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                         |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| GRAVEL PACK INTERVALS: From <u>9</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| <b>GROUT MATERIAL:</b> 1 Neat cement      2 Cement grout <u>3 Bentonite</u> 4 Other _____                                                                                                                                                                                                                                                                                                                                                                             |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| Grout Intervals: From <u>9</u> ft. to <u>1</u> 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 <u>10 Livestock pens</u> 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 2 Sewer lines      5 Cess pool      8 Sewage lagoon <u>11 Fuel storage</u> 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                       |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                  |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| Direction from well? <u>NW</u> How many feet? <u>300</u>                                                                                                                                                                                                                                                                                                                                                                                                              |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | TO                                                                                                    |                                                                                                                                                              | LITHOLOGIC LOG                   | PLUGGING INTERVALS             |
| 0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9.5  |                                                                                                       |                                                                                                                                                              | Full sand, bricks, soil          |                                |
| 9.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9.7  |                                                                                                       |                                                                                                                                                              | Sand, silty                      |                                |
| 9.7                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10.5 |                                                                                                       |                                                                                                                                                              | Clay                             |                                |
| 10.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20.0 |                                                                                                       |                                                                                                                                                              | Sand                             |                                |
| <b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-27-93</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> . This Water Well Record was completed on (mo/day/yr) <u>10-28-93</u> under the business name of <u>GSI</u> by (signature) <u>Alison Irwin</u> |      |                                                                                                       |                                                                                                                                                              |                                  |                                |
| 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.                                                                                                       |      |                                                                                                       |                                                                                                                                                              |                                  |                                |