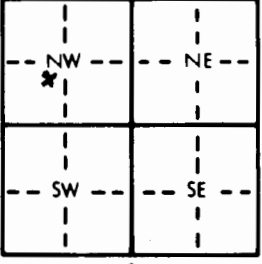


|                                                                                                                                                                                                                                                                                                                                                                            |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|--|--------------------------------------------------------------------------------------------------|--|-----------------|--|---------------|--|--------------------|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                           |  | Fraction             |  | Section Number                                                                                   |  | Township Number |  | Range Number  |  |                    |  |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                    |  | NC 1/4 SW 1/4 NW 1/4 |  | 21                                                                                               |  | T 27 S          |  | R 1 <u>EW</u> |  |                    |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>Southeast corner of the intersection of 1st St. and the alley located between St. Francis &amp; Emporia</u>                                                                                                                                                          |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <b>2 WATER WELL OWNER:</b> <u>The Coleman Company</u>                                                                                                                                                                                                                                                                                                                      |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| RR#, St. Address, Box # : <u>250 N. St. Francis</u> Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                      |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| City, State, ZIP Code : <u>Wichita, KS 67214</u> Application Number:                                                                                                                                                                                                                                                                                                       |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                |  |                      |  | <b>4 DEPTH OF COMPLETED WELL:</b> <u>37.0</u> ft. <b>ELEVATION:</b> <u>1400.16</u>               |  |                 |  |               |  |                    |  |
| <div style="text-align: center;">N<br/>W      E<br/>S</div>                                                                                                                                                                                                                                |  |                      |  | Depth(s) Groundwater Encountered 1. <u>17.5</u> ft. 2. _____ ft. 3. _____ ft.                    |  |                 |  |               |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                            |  |                      |  | WELL'S STATIC WATER LEVEL <u>17.5</u> ft. below land surface measured on mo/day/yr <u>6/6/89</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>6.5</u> in. to <u>37.0</u> 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 12 Other (Specify below)                                                                                                                                                                                                                                                                                        |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well Industrial</u>                                                                                                                                                                                                                                                                                      |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| 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>5 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 _____                                                                                                                                                                                                                                                                                                         |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| 3 Fiberglass _____ Threaded _____                                                                                                                                                                                                                                                                                                                                          |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| Blank casing diameter <u>2.0</u> in. to <u>27.0</u> ft., Dia <u>2.0</u> in. to <u>15.0</u> ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                 |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| Casing height above land surface <u>Flush</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                 |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <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) _____                                                                                                                                                                                                                                                                                                  |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                   |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                 |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| 1 Continuous slot 3 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) _____                                                                                                                                                                                                                                                                                                                                       |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <b>SCREEN-PERFORATED INTERVALS:</b> From <u>15.0</u> ft. to <u>25.0</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                   |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| From <u>27.0</u> ft. to <u>37.0</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                       |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <b>GRAVEL PACK INTERVALS:</b> From <u>13.0</u> ft. to <u>25.0</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                         |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| From <u>17.0</u> ft. to <u>37.0</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                       |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Volclay Grout</u>                                                                                                                                                                                                                                                                             |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| Grout Intervals: From <u>1.0</u> ft. to <u>13.0</u> ft., From <u>1.0</u> ft. to <u>17.0</u> 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) <u>Industry</u>                                                                                                                                                                                                                                                           |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                     |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| Direction from well? <u>Northeast</u> How many feet? <u>500</u>                                                                                                                                                                                                                                                                                                            |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                       |  | TO                   |  | LITHOLOGIC LOG                                                                                   |  | FROM            |  | TO            |  | PLUGGING INTERVALS |  |
| 0                                                                                                                                                                                                                                                                                                                                                                          |  | 3.0                  |  | Silty clay yellow brown                                                                          |  |                 |  |               |  |                    |  |
| 3.0                                                                                                                                                                                                                                                                                                                                                                        |  | 6.0                  |  | Silty sand yellow                                                                                |  |                 |  |               |  |                    |  |
| 6.0                                                                                                                                                                                                                                                                                                                                                                        |  | 8.0                  |  | Well sorted fine sand strongbrown                                                                |  |                 |  |               |  |                    |  |
| 8.0                                                                                                                                                                                                                                                                                                                                                                        |  | 37.0                 |  | Well sorted coarse sand brown                                                                    |  |                 |  |               |  |                    |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6/6/89</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                            |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| Water Well Contractor's License No. <u>471</u> This Water Well Record was completed on (mo/day/yr) <u>6/9/89</u>                                                                                                                                                                                                                                                           |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |
| under the business name of <u>HWS Technologies Inc.</u> by (signature) <u>[Signature]</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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records. |  |                      |  |                                                                                                  |  |                 |  |               |  |                    |  |