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| <b>1 LOCATION OF WATER WELL:</b><br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                | <b>FRACTION</b><br><b>NE 1/4 NE 1/4 NE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Section Number</b><br><b>24</b>                                                                                                                                                                | <b>Township Number</b><br><b>T 27 S</b> | <b>Range Number</b><br><b>R 2E E/W</b> |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>SW corner of Central &amp; 159th Andover, Kansas</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| <b>2 WATER WELL OWNER: DOWNING INVESTMENTS</b><br><b>RR#, ST. ADDRESS, BOX #: Central &amp; 159th (Belle Terre Commons)</b><br><b>CITY, STATE, ZIP CODE: Andover, Kansas</b>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| Board of Agriculture, Division of Water Resource<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                                            | <b>4 DEPTH OF COMPLETED WELL 100 ft. ELEVATION:</b><br>Depth(s) groundwater Encountered 1 ft. 2 ft. 3 ft.<br><b>WELL'S STATIC WATER LEVEL 25 FT. BELOW LAND SURFACE MEASURED ON mo/day/yr 07/28/1995</b><br>Pump test data: Well water was ft. after hours pumping gpm<br>Est. Yield gpm: Well water was ft. after hours pumping gpm<br>Bore Hole Diameter 12 in. to 100 ft. and in. to ft.<br><b>WELL WATER TO BE USED AS:</b> 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well<br>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 <input checked="" type="checkbox"/> No |                                                                                                                                                                                                   |                                         |                                        |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| 1 Steel 3 RMP (SR)<br>2 PVC 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 Wrought iron 8 Concrete tile <b>CASING JOINTS:</b> Glued <input checked="" type="checkbox"/> Clamped<br>6 Asbestos-Cement 9 Other (Specify below) Welded<br>7 Fiberglass <b>SDR-26</b> Threaded |                                         |                                        |
| Blank casing Diameter 5 in. to 25 ft., Dia in. to ft., Dia in. to ft.<br>Casing height above land surface 12 in., weight 2.35 lbs./ft. Wall thickness or gauge No. .214                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| 1 Steel 3 Stainless Steel<br>2 Brass 4 Galvanized steel                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 Fiberglass 8 RMP (SR)<br>6 Concrete tile 9 ABS 10 Asbestos-cement 11 other (specify) 12 None used (open hole)                                                                                   |                                         |                                        |
| <b>SCREEN OR PERFORATION OPENING ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| 1 Continuous slot 3 Mill slot<br>2 Louvered shutter 4 Key punched                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify)                                                                                |                                         |                                        |
| <b>SCREEN-PERFORATION INTERVALS:</b> from 25 ft. to 100 ft., From ft. to ft.<br>from ft. to ft., From ft. to ft.<br><b>GRAVEL PACK INTERVALS:</b> from 24 ft. to 100 ft., From ft. to ft.<br>from ft. to ft., From ft. to ft.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| Grout Intervals: From 4 ft. to 24 ft. From ft. to ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| 1 Septic tank 4 Lateral lines<br>2 Sewer lines 5 Cess pool<br>3 Watertight sewer lines 6 Seepage pit                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 Pit privy 10 Livestock pens 14 Abandon water well<br>8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br><b>None Apparent</b>  |                                         |                                        |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| <b>LITHOLOGIC LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                   | FROM                                    | TO                                     |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | topsoil                                                                                                                                                                                           |                                         |                                        |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | clay                                                                                                                                                                                              |                                         |                                        |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | grey shale                                                                                                                                                                                        |                                         |                                        |
| <b>PLUGGING INTERVALS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |
| <b>7 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) 07/28/1995 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) 07/31/95 Under the business name of Harp Well & Pump Service, Inc. by (signature) Jane Frederick |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                         |                                        |