

|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------|--|------------------------------------------------------------------------------------|--|---------------------------------------------------|--|------------------------------------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |  | Fraction                       |  | Section Number                                                                     |  | Township Number                                   |  | Range Number                             |  |
| County: <u>SEDGWICK</u>                                                                                                                                                                                                                                                                                                                                         |  | <u>NW 1/4 NW 1/4 NW 1/4</u>    |  | <u>18</u>                                                                          |  | T <u>27</u> S                                     |  | R <u>2</u> <u>EW</u>                     |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>6485 E 13th St. Wichita KS</u>                                                                                                                                                                                                                            |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| 2 WATER WELL OWNER: <u>Coastal Mait, Inc</u>                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| RR#, St. Address, Box # : <u>110 S. Main Suite 500</u>                                                                                                                                                                                                                                                                                                          |  |                                |  |                                                                                    |  | Board of Agriculture, Division of Water Resources |  |                                          |  |
| City, State, ZIP Code : <u>Wichita, KS 67202-3745</u>                                                                                                                                                                                                                                                                                                           |  |                                |  |                                                                                    |  | Application Number:                               |  |                                          |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |  |                                |  | 4 DEPTH OF COMPLETED WELL: <u>15</u> ft. ELEVATION:                                |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.            |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  | WELL'S STATIC WATER LEVEL <u>0</u> ft. below land surface measured on mo/day/yr    |  |                                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  | 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>7 1/4</u> in. to <u>15</u> ft., and _____ in. to _____ ft.                                                                                                                                                                                                                                                                                |  |                                |  | WELL WATER TO BE USED AS:                                                          |  |                                                   |  |                                          |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                      |  |                                |  | 3 Feedlot                                                                          |  | 6 Oil field water supply                          |  | 9 Dewatering                             |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                    |  |                                |  | 4 Industrial                                                                       |  | 7 Lawn and garden only                            |  | 10 Monitoring well                       |  |
| 5 Public water supply                                                                                                                                                                                                                                                                                                                                           |  |                                |  | 8 Air conditioning                                                                 |  | 11 Injection well                                 |  |                                          |  |
| 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                       |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| Water Well Disinfected? Yes _____ No _____                                                                                                                                                                                                                                                                                                                      |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                         |  | 3 RMP (SR)                     |  | 6 Asbestos-Cement                                                                  |  | 9 Other (specify below)                           |  | CASING JOINTS: Glued _____ Clamped _____ |  |
| <u>2 PVC</u>                                                                                                                                                                                                                                                                                                                                                    |  | 4 ABS                          |  | 7 Fiberglass                                                                       |  |                                                   |  | Welded _____                             |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                    |  |                                                   |  | Threaded <u>_____</u>                    |  |
| Blank casing diameter <u>2</u> in. to <u>5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                      |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| Casing height above land surface <u>0</u> in., weight <u>Sched 40</u> lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| 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)                 |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                               |  | <u>3 Mill slot</u> <u>8/10</u> |  | 5 Gauzed wrapped                                                                   |  | 8 Saw cut                                         |  | 11 None (open hole)                      |  |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                              |  | 4 Key punched                  |  | 6 Wire wrapped                                                                     |  | 9 Drilled holes                                   |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  | 7 Torch cut                                                                        |  | 10 Other (specify) _____                          |  |                                          |  |
| SCREEN-PERFORATED INTERVALS: From <u>15</u> ft. to <u>5</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                    |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| GRAVEL PACK INTERVALS: From <u>15</u> ft. to <u>3.5</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                        |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                              |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| Grout intervals: From _____ ft. to <u>10.5</u> ft., From <u>3.5</u> ft. to <u>1</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                     |  |
| <u>3 Watertight sewer lines</u>                                                                                                                                                                                                                                                                                                                                 |  | 6 Seepage pit                  |  | 9 Feedyard                                                                         |  | 12 Fertilizer storage                             |  | 16 Other (specify below)                 |  |
| Direction from well? <u>NW</u>                                                                                                                                                                                                                                                                                                                                  |  |                                |  |                                                                                    |  | 13 Insecticide storage                            |  |                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                 |  |                                |  |                                                                                    |  | How many feet? <u>80</u>                          |  |                                          |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-20-98</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                             |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| Water Well Contractor's License No. <u>575</u> This Water Well Record was completed on (mo/day/yr) <u>11-20-98</u>                                                                                                                                                                                                                                              |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |
| under the business name of <u>KUTZ ENVIRONMENTAL SERVICE</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                                |  |                                                                                    |  |                                                   |  |                                          |  |