

| 1 LOCATION OF WATER WELL:<br><b>Sedgwick</b>  | FRACTION<br>NW 1/4 NW 1/4 SE 1/4  | SECTION NUMBER<br><b>2</b>  | TOWNSHIP NUMBER<br>T <b>27</b> S | RANGE NUMBER<br>R <b>2E</b> E/W |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|----------------------------------|---------------------------------|----------------|----|----------------|------|----|----------------|---|---|---------|--|--|--|---|----|------|--|--|--|----|----|-------|--|--|--|----|----|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Distance and direction from nearest town or city street address of well if located within city?<br><b>2545 Lock Lomond Ct. Wichita, Kansas</b>  |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <b>BROMLEY, Bill</b><br>RR#,ST. ADDRESS,BOX #: <b>2545 Lock Lomond Ct.</b><br>CITY, STATE: <b>Wichita, Kansas</b>   |   | Board of Agriculture, Division of Water Resource<br>ZIP CODE: _____ Application Number: _____ |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>  | 4 DEPTH OF COMPLETED WELL: <b>95</b> ft. ELEVATION: _____<br>Depth of groundwater Encountered: _____ ft.<br>WELL'S STATIC WATER LEVEL <b>60</b> FT. BELOW LAND SURFACE MEASURED ON mo/day/yr: <b>8/24/06</b><br>Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Bore Hole Diameter <b>12</b> in. to <b>95</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br>1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well<br>2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below)<br>Was a chemical/bacteriological sample submitted to Department? YES NO ; If yes, what mo/day/yr was sample submitted _____<br>Was Water Well Disinfected? YES NO   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | 5 TYPE OF CASING USED:<br>1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below) CASING JOINTS: <u>Glued</u> Threaded<br><u>2. PVC</u> 4. ABS 6. Asbestos-Cement 8. Concrete tile SDR-26 Welded Clamped<br>Blank casing diameter <b>5</b> in. to <b>50</b> ft., Dia. in. to _____ ft., Dia. in. to _____ ft.<br>Casing height above land surface: <b>12</b> in., Weight: <b>2.35</b> lbs. / ft. Wall thickness or gauge No. <b>.214</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1. Steel 3. Stainless Steel 5. Fiberglass <u>7. PVC</u> 9. ABS 11. Other (specify)<br>2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (SR) 10. Asbestos-Cement 12. None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1. Continuous slot 3. Mill slot 5. Gauzed wrapped 7. Torch cut 9. Drilled holes 11. None ( open hole)<br>2. Louvered shutter 4. Key punched 6. Wire wrapped <u>8. Saw cut</u> 10. Other (specify)<br>SCREEN - PERFORATION INTERVAL From <b>50</b> ft. to <b>95</b> ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>24</b> ft. to <b>95</b> ft., From _____ ft. to _____ ft. |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other <b>bentonite hole plug</b><br>Grout Intervals: From <b>4</b> ft. to <b>24</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1. Septic tank 4. Lateral lines 7. Pit privy 10. Livestock pens 13. Insecticide storage 15. Oil well/Gas well<br>2. Sewer lines 5. Cess Pool 8. Sewage lagoon 11. Fuel storage 14. Abandon water well 16. Other (specify below)<br><u>3. Watertight sewer line</u> 6. Seepage pit 9. Feed yard 12. Fertilizer storage<br>Direction from well? <b>North</b> How many feet? <b>15</b>  |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>LITHOLOGIC LOG</th> <th>From</th> <th>To</th> <th>LITHOLOGIC LOG</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>4</td> <td>topsoil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td>20</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>80</td> <td>shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>80</td> <td>95</td> <td>limestone</td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |   |   |                                  |                                 | From           | To | LITHOLOGIC LOG | From | To | LITHOLOGIC LOG | 0 | 4 | topsoil |  |  |  | 4 | 20 | clay |  |  |  | 20 | 80 | shale |  |  |  | 80 | 95 | limestone |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From  | To  | LITHOLOGIC LOG  | From                             | To                              | LITHOLOGIC LOG |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0   | 4   | topsoil   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4   | 20  | clay  |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20  | 80  | shale   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 80  | 95  | limestone   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Contractor's or Landowner's Certification: This water well was 1. <u>constructed</u> 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) <b>8-24-2006</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>236</b> This water well record was completed on (mo/day/year) <b>8-28-2006</b><br>under the business name of <b>Harp Well and Pump Service</b> by (signature) <i>Todd S. Harp</i>  |   |   |                                  |                                 |                |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |