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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Fraction                                                                                                                            |  | Section Number |  | Township Number |  | Range Number |  |
| County: <u>SEDGWICK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | <u>NE 1/4 NE 1/4 NE 1/4</u>                                                                                                         |  | <u>23</u>      |  | <u>T 28 S</u>   |  | <u>R 1 E</u> |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| <u>4503 E. 47th. Wichita, KS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 2 WATER WELL OWNER: <u>GEOTECHNICAL SERVICES, INC.</u>                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| RR#, St. Address, Box #: <u>4503 E. 47th</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| City, State, ZIP Code: <u>WICHITA, KS. 67210-1651</u>                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 4 DEPTH OF COMPLETED WELL: <u>135</u> ft. ELEVATION: _____                                                                          |  |                |  |                 |  |              |  |
| <div><div>1 Mile</div><div><div><div>N</div><div>W</div><div>E</div><div>S</div></div><div><div>SW</div><div>SE</div><div>NW</div><div>NE</div></div></div><div><div>X</div></div></div>                                                                                                                                                                                                                                                                             |  | Depth(s) Groundwater Encountered 1. <u>48</u> ft. 2. _____ ft. 3. _____ ft.                                                         |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | WELL'S STATIC WATER LEVEL <u>25</u> ft. below land surface measured on mo/day/yr <u>11/1/97</u>                                     |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                        |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Est. Yield <u>?</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                               |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Bore Hole Diameter <u>8.625</u> in. to <u>135</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 <u>7</u> Lawn and garden only 10 Monitoring well                                                          |  |                |  |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 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 <u>X</u> No _____                                                                                       |  |                |  |                 |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 7 Fiberglass Threaded _____                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| Blank casing diameter <u>5</u> in. to <u>9.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 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 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) _____                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| SCREEN-PERFORATED INTERVALS: From <u>135</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| GRAVEL PACK INTERVALS: From <u>135</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| Grout Intervals: From <u>0</u> ft. to <u>25</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 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) _____                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| Direction from well? <u>NORTH</u> How many feet? <u>~150</u>                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| <u>0</u> <u>20</u> <u>CLAY, BROWN</u> _____                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| <u>20</u> <u>48</u> <u>SAND, PEAK TO CRSE</u> _____                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| <u>48</u> <u>135</u> <u>SHALE, GRAY</u> _____                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| <u>135</u> <u>TD</u> _____                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                     |  |                |  |                 |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11/1/97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/yr) <u>11/20/97</u> under the business name of <u>AET</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.                                                                                                      |  |                                                                                                                                     |  |                |  |                 |  |              |  |