

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------|-------------------------|--------------------------------|-----------------------|-----------------|--------------------------|--------------------------|--------------------|-----------------------|-------------------------------|--------------------------|-----------------|------------------------|---------------|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                  | Section Number                                    | Township Number          | Range Number            |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>SW 1/4 NW 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                      | <u>29</u>                                         | <u>28S</u>               | <u>1E</u>               |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>South of Wichita</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 2 WATER WELL OWNER: <u>Ken Stansbury</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| RR#, St. Address, Box #: <u>5912 S. Seneca</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | Board of Agriculture, Division of Water Resources |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| City, State, ZIP Code: <u>Wichita KS 67217</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           | Application Number: <u>-</u>                      |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4 DEPTH OF WELL..... <u>30</u> .....ft.                                                                                                                                                                                                                                                                                                                                                                                   |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | WELL'S STATIC WATER LEVEL..... <u>20</u> .....ft.                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table style="width:100%; border: none;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td><u>7 Lawn and Garden Only</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> |                                                   |                          |                         | 1 Domestic                     | 5 Public Water Supply | 9 Dewatering    | 2 Irrigation             | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot             | <u>7 Lawn and Garden Only</u> | 11 Injection Well        | 4 Industrial    | 8 Air Conditioning     | 12 Other..... |                 |            |                         |  |             |                   |                      |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                     | 9 Dewatering                                      |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                  | 10 Monitoring Well                                |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>7 Lawn and Garden Only</u>                                                                                                                                                                                                                                                                                                                                                                                             | 11 Injection Well                                 |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                        | 12 Other.....                                     |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Was a chemical/bacteriological sample submitted to Department? Yes....No....<br>If yes, mo/day/yr sample was submitted.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Water Well Disinfected: Yes..... No... <u>X</u> ..                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 5 TYPE OF CASING USED: <u>#1 well was galvanized metal casing</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| <table style="width:100%; border: none;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         | 1 Steel                        | 3 RMP (SR)            | 5 Wrought       | 7 Fiberglass             | 9 Other (specify below)  | 2 PVC              | 4 ABS                 | 6 Asbestos-Cement             | 8 Concrete Tile          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                | 5 Wrought                                         | 7 Fiberglass             | 9 Other (specify below) |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                     | 6 Asbestos-Cement                                 | 8 Concrete Tile          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Blank casing diameter..... <u>#2</u> .....in. Was casing pulled? Yes..... No... <u>X</u> .. If yes, how much.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Casing height above or below land surface.....in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 6 GROUT PLUG MATERIAL: <u>1</u> Neat cement    2 Cement grout    3 Bentonite    4 Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Grout Plug Intervals: From <u>30</u> ft. to <u>0</u> ft. From.....ft. to .....ft., From..... to.....ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| <u>CONCRETE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| <table style="width:100%; border: none;"> <tr> <td><u>1</u> Septic tank <u>#2</u></td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         | <u>1</u> Septic tank <u>#2</u> | 6 Seepage pit         | 11 Fuel storage | 16 Other (specify below) | 2 Sewer lines            | 7 Pit privy        | 12 Fertilizer storage |                               | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |               | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well |  |
| <u>1</u> Septic tank <u>#2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6 Seepage pit                                                                                                                                                                                                                                                                                                                                                                                                             | 11 Fuel storage                                   | 16 Other (specify below) |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 Pit privy                                                                                                                                                                                                                                                                                                                                                                                                               | 12 Fertilizer storage                             |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8 Sewage lagoon                                                                                                                                                                                                                                                                                                                                                                                                           | 13 Insecticide storage                            |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                | 14 Abandoned water well                           |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 5 Cess Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                         | 15 Oil well/Gas well                              |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TO                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUGGING MATERIALS                                |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                         | Well House FRONT PUMP HOUSE #1                    |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                                                                                                                                                                                         | BACK YARD BY GARAGE. #2                           |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | Both Wells Filled WITH                            |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | WET CONCRETE FROM BOTTOM                          |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | TO TOP / NO LONGER USEABLE                        |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           | BACK well 3' UNDERGROUND & Soil covered 3'        |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year).....                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |
| by (signature) <u>Ken Stansbury</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: 913/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                          |                         |                                |                       |                 |                          |                          |                    |                       |                               |                          |                 |                        |               |                 |            |                         |  |             |                   |                      |  |