

MWH#7

|         |                         |                      |                |                 |              |
|---------|-------------------------|----------------------|----------------|-----------------|--------------|
| 1       | LOCATION OF WATER WELL: | Fraction             | Section Number | Township Number | Range Number |
| County: | SE D G W I C K          | SE 1/4 SE 1/4 SE 1/4 | 6              | 28-5            | 1-E          |

Distance and direction from nearest town or city street address of well if located within city?

1301-1305 West 31st South Wichita, KS

MWH#7

|   |                                                                         |                                                                          |
|---|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 2 | WATER WELL OWNER: ROGER BURSTERT<br>P.O. Box 17336<br>Wichita, KS 67217 | Board of Agriculture, Division of Water Resources<br>Application Number: |
|---|-------------------------------------------------------------------------|--------------------------------------------------------------------------|

|              |                                                  |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
|--------------|--------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| 3            | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4                  | DEPTH OF WELL ..... 14 ..... ft.<br>WELL'S STATIC WATER LEVEL ..... ft.<br>WELL WAS USED AS:<br><table border="0"> <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>7 Domestic (Lawn &amp; Garden)</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 | 7 Domestic (Lawn & Garden) | 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    | 7 Domestic (Lawn & Garden)                       | 11 Injection Well  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
| 4 Industrial | 8 Air Conditioning                               | 12 Other .....     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |

Was a chemical / bacteriological sample submitted to Department? Yes ..... No .....  
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No ..... —

|                                                                                                                                                |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 5                                                                                                                                              | TYPE OF BLANK CASING USED: |
| 1 Steel                                                                                                                                        | 3 RMP (SR)                 |
| 2 PVC                                                                                                                                          | 4 ABS                      |
| 5 Wrought                                                                                                                                      | 6 Asbestos-Cement          |
| 7 Fiberglass                                                                                                                                   | 8 Concrete Tile            |
| 9 Other (Specify below)                                                                                                                        |                            |
| Blank casing diameter ..... 2 ..... in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much ..... 4 ..... in. |                            |
| Casing height above or below land surface ..... 0 ..... in.                                                                                    |                            |

|                                                                                              |                                                                               |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| 6                                                                                            | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other TOPSOIL |
| Grout Plug Intervals: From ..... ft. to ..... ft., From 14 ft. to 1 ft., From 1 ft. to 0 ft. |                                                                               |
| What is the nearest source of possible contamination:                                        |                                                                               |
| 1 Septic tank                                                                                | 6 Seepage pit                                                                 |
| 2 Sewer lines                                                                                | 7 Pit privy                                                                   |
| 3 Watertight sewer lines                                                                     | 8 Sewage lagoon                                                               |
| 4 Lateral lines                                                                              | 9 Feedyard                                                                    |
| 5 Cess Pool                                                                                  | 10 Livestock pens                                                             |
| 11 Fuel storage                                                                              | 16 Other (specify below)                                                      |
| 12 Fertilizer storage                                                                        |                                                                               |
| 13 Insecticide storage                                                                       |                                                                               |
| 14 Abandoned water well                                                                      |                                                                               |
| 15 Oil well/Gas well                                                                         |                                                                               |
| Direction from well? WEST How many feet? 35'                                                 |                                                                               |

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 14   | 1  | Bentonite          |
| 1    | 0  | Topsoil            |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |

|   |                                                                                                                                                                                                                                                                                                                                                                                                   |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8-27-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 575 This Water Well Record was completed on (mo/day/year) 8-5-01 under the business name of FUNKEE DRILLING SERVICE by (signature) [Signature] |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.