

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LOCATION OF WATER WELL:<br>County: <u>SEDGWICK</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fraction<br><u>NW 1/4 NW 1/4 NE 1/4</u> | Section Number<br><u>8</u> | Township Number<br><u>T28S</u> | Range Number<br><u>R1E</u> |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>backyard - 3237 S. Palisade, Wichita</u>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WATER WELL OWNER: <u>Barbara Sue Mikesell</u><br>RR #, St. Address, Box #: <u>3237 Palisade</u><br>City, State, ZIP Code : <u>Wichita, KS 67217</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>unlabeled</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center; margin-top: 10px;"><table border="1" style="margin: auto; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">N</td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">X<br/>NE</td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">E</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr><tr><td colspan="2" style="text-align: center;">S</td></tr></table></div>                                                                                                                                                                                                                                                                               |                                         | N                          |                                | NW                         | X<br>NE       | W             | E                  | SW                       | SE                      | S           |                       | 4 DEPTH OF WELL <u>Sand Point</u> ft.<br><br>WELL'S STATIC WATER LEVEL ..... ft.<br><br>WELL WAS USED AS:<br><table style="width:100%;"><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><br>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <u>X</u> ..... |                          |                 | 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 ..... |  |  |  |  |  |
| N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X<br>NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| 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 .....                          |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TYPE OF BLANK CASING USED:<br><table style="width:100%;"><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><br>Blank casing diameter <u>3-4"</u> in. Was casing pulled? Yes <u>X</u> ..... No ..... If yes, how much <u>Level w/concrete</u><br>Casing height above or below land surface ..... in.                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                            |                                |                            | 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            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Quik Crete</u><br>Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.<br><br>What is the nearest source of possible contamination:<br><table style="width:100%;"><tr><td>1 Septic tank</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><br>Direction from well? ..... How many feet? ..... |                                         |                            |                                |                            | 1 Septic tank | 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 |              |                    |                |  |  |  |  |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 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                    |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">FROM</th><th style="width:10%;">TO</th><th style="width:80%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                            |                                |                            | FROM          | TO            | PLUGGING MATERIALS |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PLUGGING MATERIALS                      |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
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| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-28-92</u> 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) .....<br>by (signature) <u>Barbara Sue Mikesell</u> under the business name .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |
| 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.                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                            |                                |                            |               |               |                    |                          |                         |             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                 |                        |                       |                 |              |                          |                    |             |                            |                      |              |                    |                |  |  |  |  |  |