

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|----------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>FRACTION</b> <i>NE NE SE SW</i><br><del>SE</del> 1/4 <del>NE</del> 1/4 <del>SW</del> 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Section Number</b><br><b>4</b> | <b>Township Number</b><br><b>T 28 S</b> | <b>Range Number</b><br><b>R 1E E/W</b> |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>2945 S. Washington Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |
| <b>WATER WELL OWNER: LOVETT, Minford</b><br><b>RR#, ST. ADDRESS, BOX #: 2945 S. Washington</b><br><b>CITY, STATE, ZIP CODE: Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |
| Board of Agriculture, Division of Water Resource<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |
| <b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>4 DEPTH OF <del>drilled</del> WELL 23 ft. ELEVATION:</b><br>Depth(s) groundwater encountered <b>1</b> ft. <b>2</b> ft. <b>3</b> ft.<br><b>WELL'S STATIC WATER LEVEL 17 FT. BELOW LAND SURFACE MEASURED ON mo/day/yr 3-29-2002</b><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter _____ in. to _____ ft. and _____ in. to _____ ft.<br><b>WELL WATER <del>was</del> USED AS:</b> <b>5</b> Public water supply <b>8</b> Air conditioning <b>11</b> Injection well<br><b>1</b> Domestic <b>3</b> Feedlot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below)<br><b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Lawn and garden only <b>10</b> Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes <b>X</b> No _____ |                                   |                                         |                                        |
| <b>5 TYPE OF CASING USED:</b><br><b>1</b> Steel <b>3</b> RMP (SR) <b>5</b> Wrought iron <b>8</b> Concrete tile <b>CASING JOINTS:</b> <b>Glued</b> <b>Clamped</b><br><b>2</b> PVC <b>4</b> ABS <b>6</b> Asbestos-Cement <b>9</b> Other (Specify below) <b>Welded</b><br><b>7</b> Fiberglass <b>Threaded</b><br>Blank casing Diameter <b>1 1/4</b> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height <del>below garage floor</del> <b>60</b> in., weight _____ lbs. / ft. Wall thickness or gauge No. _____<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> <b>7</b> PVC <b>10</b> Asbestos-cement<br><b>1</b> Steel <b>3</b> Stainless Steel <b>5</b> Fiberglass <b>8</b> RMP (SR) <b>11</b> other (specify) <b>N/A</b><br><b>2</b> Brass <b>4</b> Galvanized steel <b>6</b> Concrete tile <b>9</b> ABS <b>12</b> None used (open hole)<br><b>SCREEN OR PERFORATION OPENING ARE:</b> <b>5</b> Gauzed wrapped <b>8</b> Saw cut <b>11</b> None (open hole)<br><b>1</b> Continuous slot <b>3</b> Mill slot <b>6</b> Wire wrapped <b>9</b> Drilled holes<br><b>2</b> Louvered shutter <b>4</b> Key punched <b>7</b> Torch cut <b>10</b> Other (specify) <b>N/A</b><br><b>SCREEN-PERFORATION INTERVALS:</b> from _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> from _____ ft. to _____ ft., From _____ ft. to _____ ft. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |
| <b>6 GROUT MATERIAL:</b> <b>1</b> Neat cement <b>2</b> Cement grout <b>3</b> Bentonite <b>4</b> Other <b>bentonite hole plug</b><br>Grout Intervals: From _____ ft. to _____ ft. From _____ ft. to _____ ft. From <b>0</b> ft. to <b>23</b> ft.<br>What is the nearest source of possible contamination:<br><b>1</b> Septic tank <b>4</b> Lateral lines <b>7</b> Pit privy <b>10</b> Livestock pens <b>14</b> Abandon water well<br><b>2</b> Sewer lines <b>5</b> Cess pool <b>8</b> Sewage lagoon <b>11</b> Fuel storage <b>15</b> Oil well/Gas well<br><b>3</b> Watertight sewer lines <b>6</b> Seepage pit <b>9</b> Feedyard <b>12</b> Fertilizer storage <b>16</b> Other (specify below)<br><b>13</b> Insecticide storage <b>None Apparent</b><br>Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>3-29-2002</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>236</b> This Water Well Record was completed on (mo/day/yr) <b>4-1-2002</b><br>Under the business name of <b>Harp Well &amp; Pump</b> by (signature) <i>Todd S. Harp</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                         |                                        |