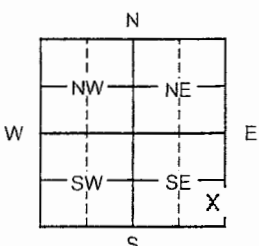


|                                                             |                                   |                            |                              |                            |
|-------------------------------------------------------------|-----------------------------------|----------------------------|------------------------------|----------------------------|
| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u> | Fraction<br><u>SE ¼ SE ¼ SE ¼</u> | Section Number<br><u>4</u> | Township Number<br><u>28</u> | Range Number<br><u>1 E</u> |
|-------------------------------------------------------------|-----------------------------------|----------------------------|------------------------------|----------------------------|

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

3139 S Hydraulic, Wichita KS 67216

|                                                                                                                                                                 |                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 WATER WELL OWNER:</b> Adrial Barger<br>(Commercial Rental Property)<br>RR#, St. Address, Box #: 115 Grover St.<br>City, State, ZIP Code: Wichita, KS 67217 | Global Positioning System (decimal degrees, min. of 4 digits)<br>Latitude: <u>NA</u><br>Longitude: <u>NA</u><br>Elevation: <u>NA</u><br>Datum: <u>NA</u><br>Data Collection Method: <u>NA</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------|--------------|--------------------------|----------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|
| <b>3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:</b><br><br> | <b>4 DEPTH OF WELL</b> <u>19.20</u> ft. MW6<br><br>WELL'S STATIC WATER LEVEL <u>NA</u> ft.<br><br>WELL WAS USED AS:<br><table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10</u> Monitoring</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> | 1 Domestic           | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <u>10</u> Monitoring | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| 1 Domestic                                                                                                                                        | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9 Dewatering         |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                      | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>10</u> Monitoring |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                         | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11 Injection Well    |                       |              |              |                          |                      |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                      | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12 Other _____       |                       |              |              |                          |                      |           |                            |                   |              |                    |                |

|                                     |            |                   |                 |                         |
|-------------------------------------|------------|-------------------|-----------------|-------------------------|
| <b>5 TYPE OF BLANK CASING USED:</b> |            |                   |                 |                         |
| 1 Steel                             | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |
| <u>2</u> PVC                        | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter 2 in. Was casing pulled? Yes X No \_\_\_ If yes, how much 1 ft  
Casing height above or below land surface NA in.

|                               |               |                |                    |                                                 |
|-------------------------------|---------------|----------------|--------------------|-------------------------------------------------|
| <b>6 GROUT PLUG MATERIAL:</b> | 1 Neat cement | 2 Cement grout | <u>3</u> Bentonite | 4 Other <u>Concrete 0-0.5 ft; Soil 0.5-3 ft</u> |
|-------------------------------|---------------|----------------|--------------------|-------------------------------------------------|

Grout Plug Intervals: From 3 ft. to 19.20 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 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 | Direction from well?     |
| 5 Cess pool              | 10 Livestock pens | 15 Oil well/Gas well    | How many feet?           |

| FROM | TO    | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|-------|--------------------|------|----|--------------------|
| 0    | 0.5   | Concrete           |      |    |                    |
| 0.5  | 3     | Soil               |      |    |                    |
| 3    | 19.20 | Bentonite          |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |
|      |       |                    |      |    |                    |

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/22/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757. This Water Well Record was completed on (mo/day/year) 9/27/10 under the business name of Larsen and Associates, Inc. by (signature) [Signature]

**INSTRUCTIONS:** Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell>.