

|                                           |                         |  |  |          |     |    |                |    |                 |    |              |          |
|-------------------------------------------|-------------------------|--|--|----------|-----|----|----------------|----|-----------------|----|--------------|----------|
| Water Well Record Form WWC-5 KSA 82a-1212 |                         |  |  |          |     |    |                |    |                 |    |              |          |
| 1                                         | LOCATION OF WATER WELL: |  |  | FRACTION |     |    | Section Number |    | Township Number |    | Range Number |          |
|                                           | Sedgwick                |  |  | NW       | 1/4 | NW | 1/4            | NW | 1/4             | 28 | T 28 S       | R 1E E/W |

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

**427 E. 55th S.      Wichita, Kansas**

|   |                          |                      |                                                  |
|---|--------------------------|----------------------|--------------------------------------------------|
| 2 | WATER WELL OWNER:        | <b>REED, Ron</b>     |                                                  |
|   | RR#, ST. ADDRESS, BOX #: | <b>Box 152</b>       | Board of Agriculture, Division of Water Resource |
|   | CITY, STATE, ZIP CODE:   | <b>Rolla, Kansas</b> | 67954 Application Number:                        |

|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                          |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|---------------|-----|------------|------|----------------|-----------|--------------------|--------|---------|--------|------------|-----------|--------------------------|--------------------|--------------|--------------|------------------------|--------------------|--|--|--|-------------------|--|--|--|--------------------------|-----------|-------------------------|-----|----|--|--|-------------------------------------|--------------------------|
| <p><b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b></p> <div style="text-align: center;"> </div> | <p><b>4 DEPTH OF COMPLETED WELL</b> <span style="float: right;"><b>24</b> ft.</span> <b>ELEVATION:</b></p> <p>Depth(s) groundwater Encountered <span style="float: right;">1 ft.</span> <span style="float: right;">2 ft.</span> <span style="float: right;">3 ft.</span></p> <p><b>WELL'S STATIC WATER LEVEL</b> <span style="float: right;"><b>17</b> 3</span> <b>FT. BELOW</b> <span style="float: right;"><u>ground level</u></span> <b>MEASURED ON</b> <span style="float: right;">mo/day/yr</span> <span style="float: right;"><b>04/20/1994</b></span></p> <p><b>Pump test data:</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Well water was</td> <td style="width: 33%;">ft. after</td> <td style="width: 33%;">hours pumping</td> <td style="width: 33%;">gpm</td> </tr> <tr> <td>Est. Yield</td> <td>gpm:</td> <td>Well water was</td> <td>ft. after</td> </tr> <tr> <td>Bore Hole Diameter</td> <td>in. to</td> <td>ft. and</td> <td>in. to</td> </tr> </table> <p><b>WELL WATER USE USED AS:</b></p> <table style="width: 100%;"> <tr> <td style="width: 25%;">1 Domestic</td> <td style="width: 25%;">3 Feedlot</td> <td style="width: 25%;">6 Oil field water supply</td> <td style="width: 25%;">8 Air conditioning</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> <td>10 Monitoring well</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11 Injection well</td> </tr> <tr> <td></td> <td></td> <td></td> <td>12 Other (Specify below)</td> </tr> </table> <p><b>Was a chemical/bacteriological sample submitted to Department? Yes</b> <span style="float: right;"><b>No</b> <input checked="" type="checkbox"/></span> <b>; If yes, mo/day/yr sample was</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">submitted</td> <td style="width: 33%;">Water Well Disinfected?</td> <td style="width: 33%;">Yes</td> <td style="width: 33%;">No</td> </tr> <tr> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | Well water was                      | ft. after                | hours pumping | gpm | Est. Yield | gpm: | Well water was | ft. after | Bore Hole Diameter | in. to | ft. and | in. to | 1 Domestic | 3 Feedlot | 6 Oil field water supply | 8 Air conditioning | 2 Irrigation | 4 Industrial | 7 Lawn and garden only | 10 Monitoring well |  |  |  | 11 Injection well |  |  |  | 12 Other (Specify below) | submitted | Water Well Disinfected? | Yes | No |  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Well water was                                                                                              | ft. after                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | hours pumping                       | gpm                      |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
| Est. Yield                                                                                                  | gpm:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Well water was                      | ft. after                |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
| Bore Hole Diameter                                                                                          | in. to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ft. and                             | in. to                   |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
| 1 Domestic                                                                                                  | 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 Oil field water supply            | 8 Air conditioning       |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
| 2 Irrigation                                                                                                | 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 Lawn and garden only              | 10 Monitoring well       |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 11 Injection well        |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     | 12 Other (Specify below) |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
| submitted                                                                                                   | Water Well Disinfected?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes                                 | No                       |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |
|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |               |     |            |      |                |           |                    |        |         |        |            |           |                          |                    |              |              |                        |                    |  |  |  |                   |  |  |  |                          |           |                         |     |    |  |  |                                     |                          |

|                                             |  |                    |  |                         |  |                    |  |                             |  |         |  |
|---------------------------------------------|--|--------------------|--|-------------------------|--|--------------------|--|-----------------------------|--|---------|--|
| 5 TYPE OF CASING USED:                      |  | 3 Wrought iron     |  | 8 Concrete tile         |  | CASING JOINTS:     |  | Glued                       |  | Clamped |  |
| 1 Steel                                     |  | 6 Asbestos-Cement  |  | 9 Other (Specify below) |  |                    |  | Welded                      |  |         |  |
| 2 PVC                                       |  | 7 Fiberglass       |  |                         |  |                    |  | Threaded                    |  |         |  |
| Blank casing Diameter                       |  | 1 1/4 in. to       |  | ft., Dia                |  | in. to             |  | ft., Dia                    |  | in. to  |  |
| Casing height <sup>below</sup> land surface |  | 3 in.,             |  | weight                  |  | lbs. / ft.         |  | Wall thickness or gauge No. |  |         |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:     |  |                    |  | 5 Fiberglass            |  | 7 PVC              |  | 10 Asbestos-cement          |  |         |  |
| 1 Steel                                     |  | 3 Stainless Steel  |  | 6 Concrete tile         |  | 8 RMP (SR)         |  | 11 other (specify)          |  |         |  |
| 2 Brass                                     |  | 4 Galvanized steel |  |                         |  | 9 ABS              |  | 12 None used (open hole)    |  |         |  |
| SCREEN OR PERFORATION OPENING ARE:          |  |                    |  | 5 Gauzed wrapped        |  | 8 Saw cut          |  | 11 None (open hole)         |  |         |  |
| 1 Continous slot                            |  | 3 Mill slot        |  | 6 Wire wrapped          |  | 9 Drilled holes    |  |                             |  |         |  |
| 2 Louvered shutter                          |  | 4 Key punched      |  | 7 Torch cut             |  | 10 Other (specify) |  |                             |  |         |  |
| SCREEN-PERFORATION INTERVALS:               |  |                    |  | ft. to                  |  | ft., From          |  | ft. to                      |  | ft.     |  |
|                                             |  |                    |  | ft. to                  |  | ft., From          |  | ft. to                      |  | ft.     |  |
| GRAVEL PACK INTERVALS:                      |  |                    |  | ft. to                  |  | ft., From          |  | ft. to                      |  | ft.     |  |
|                                             |  |                    |  | ft. to                  |  | ft., From          |  | ft. to                      |  | ft.     |  |

|                                                              |                        |                        |                               |                                 |                    |                 |
|--------------------------------------------------------------|------------------------|------------------------|-------------------------------|---------------------------------|--------------------|-----------------|
| <b>6</b>                                                     | <b>GROUT MATERIAL:</b> |                        | <b>1 Neat cement</b>          | <b>2 Cement grout</b>           | <b>3 Bentonite</b> | <b>4 Other</b>  |
| <b>Grout Intervals:</b>                                      |                        | <b>From 3</b>          | <b>ft. to 8</b>               | <b>ft. From</b>                 | <b>ft. to</b>      | <b>ft. From</b> |
| <b>What is the nearest source of possible contamination:</b> |                        |                        |                               |                                 |                    |                 |
| <b>1 Septic tank</b>                                         | <b>4 Lateral lines</b> | <b>7 Pit privy</b>     | <b>10 Livestock pens</b>      | <b>14 Abandon water well</b>    |                    |                 |
| <b>2 Sewer lines</b>                                         | <b>5 Cess pool</b>     | <b>8 Sewage lagoon</b> | <b>11 Fuel storage</b>        | <b>15 Oil well/Gas well</b>     |                    |                 |
| <b>3 Watertight sewer lines</b>                              | <b>6 Seepage pit</b>   | <b>9 Feedyard</b>      | <b>12 Fertilizer storage</b>  | <b>16 Other (specify below)</b> |                    |                 |
|                                                              |                        |                        | <b>13 Insecticide storage</b> |                                 |                    |                 |

[illegible]

7. CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 04/20/1994 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) 04/25/94 Under the business name of Harp Well & Pump Service, Inc by (signature)

Jane Frederick