

| LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SW SW NE NE | Section Number | Township Number    | Range Number |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|--------------------|--------------|------|----|----------------|------|----|--------------------|---|---|----------|--|--|--|---|----|-----------|--|--|--|----|----|----------|--|--|--|----|----|----------|--|--|--|
| County: SEDGWICK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | NW 1/4 NW 1/4 NE 1/4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NE 1/4      | 32             | T 28 S             | R 1 E/N      |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br>SAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 2) WATER WELL OWNER: NORVAL MILLER<br>RR#, St. Address, Box #: 6550 WARD PARKWAY<br>City, State, ZIP Code: Wichita KS 67217                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | 4) DEPTH OF COMPLETED WELL: 36 ft. ELEVATION: 1200<br>Depth(s) Groundwater Encountered 1. 15 ft. 2.     ft. 3.     ft.<br>WELL'S STATIC WATER LEVEL 15 ft. below land surface measured on mo/day/yr 6-14-89<br>Pump test data: Well water was     ft. after     hours pumping     gpm<br>Est. Yield 20 gpm: Well water was     ft. after     hours pumping     gpm<br>Bore Hole Diameter 8 1/2 in. to 36 in. to     ft., and     in. to     ft.<br>WELL WATER TO BE USED AS:<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 11 Injection well<br>2 Irrigation 4 Industrial ⑦ Lawn and garden only 10 Monitoring well 12 Other (Specify below)<br>Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes Y No |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 5) TYPE OF BLANK CASING USED:<br>1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped<br>② PVC 4 ABS 7 Fiberglass 9 Other (specify below) Welded<br>Blank casing diameter 5 in. to 3 1/2 ft. Dia     in. to     ft. Dia     in. to     ft.<br>Casing height above land surface 12 in. weight 2.3 lbs./ft. Wall thickness or gauge No. SDN 26<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot ③ Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)<br>SCREEN-PERFORATED INTERVALS: From 30 ft. to 36 ft. From     ft. to     ft.<br>GRAVEL PACK INTERVALS: From     ft. to     ft. From     ft. to     ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 6) GROUT MATERIAL: 1 Neat cement ⑧ Cement grout 3 Bentonite 4 Other<br>Grout intervals: From     ft. to     ft. From     ft. to     ft. From     ft. to     ft.<br>What is the nearest source of possible contamination: NONE<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| <table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>TOP SOIL</td><td></td><td></td><td></td></tr><tr><td>2</td><td>12</td><td>FINE SAND</td><td></td><td></td><td></td></tr><tr><td>12</td><td>18</td><td>MED SAND</td><td></td><td></td><td></td></tr><tr><td>18</td><td>36</td><td>COARSE ✓</td><td></td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 2 | TOP SOIL |  |  |  | 2 | 12 | FINE SAND |  |  |  | 12 | 18 | MED SAND |  |  |  | 18 | 36 | COARSE ✓ |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FROM        | TO             | PLUGGING INTERVALS |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2  | TOP SOIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 12 | FINE SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 18 | MED SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 36 | COARSE ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 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) 6-14-89 and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. 463 This Water Well Record was completed on (mo/day/yr) 6-14-89<br>under the business name of RSA by (signature) Dan Miller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |
| 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                |                    |              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |           |  |  |  |    |    |          |  |  |  |    |    |          |  |  |  |