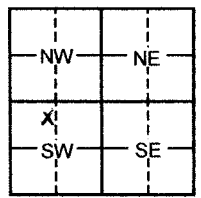


| <b>1 LOCATION OF WATER WELL:</b> Fraction <span style="margin-left: 20px;">ne ¼</span> <span style="margin-left: 20px;">nw ¼</span> <span style="margin-left: 20px;">sw ¼</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                    | Section Number<br><b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    | Township Number<br>T <b>29s</b> S |   | Range Number<br>R <b>1e</b> E/W |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>8460 s ash circle</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                    | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: James Vander</b><br>RR#, St. Address, Box # : <b>8460 S Ash Circle</b><br>City, State, ZIP Code : <b>Haysville, Ks 67235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                    | <b>4 DEPTH OF COMPLETED WELL 35</b> ft.<br>Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>21</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <b>40</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>① Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well<br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yr<br>Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____ |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b><br>1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)<br>② PVC 4 ABS 7 Fiberglass<br>Blank casing diameter <b>5</b> in. to <b>25</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft. Wall thickness or gauge No. <b>160psi</b>                                                                                                                                                                                                                                                                                                                                      |    |                    | CASING JOINTS: Glued <b>x</b> Clamped _____<br>Welded _____<br>Threaded _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass ⑦ PVC 9 ABS 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |                    | SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot ③ Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCREEN-PERFORATED INTERVALS: From <b>25</b> ft. to <b>35</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>21</b> ft. to <b>35</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                           |    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout ③ Bentonite 4 Other _____<br>Grout Intervals From <b>3</b> ft. to <b>21</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>① Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well<br>Direction from well? <b>South</b> How many feet? <b>60</b>                                                                              |    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">LITHOLOGIC LOG</th> </tr> <tr> <td>0</td> <td>3</td> <td>Top soil</td> </tr> <tr> <td>3</td> <td>17</td> <td>Clay</td> </tr> <tr> <td>17</td> <td>25</td> <td>Fine sand</td> </tr> <tr> <td>25</td> <td>35</td> <td>Med sand</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |    |                    | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TO | LITHOLOGIC LOG                    | 0 | 3                               | Top soil | 3 | 17 | Clay | 17 | 25 | Fine sand | 25 | 35 | Med sand |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING INTERVALS</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |  |  | FROM | TO | PLUGGING INTERVALS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO | LITHOLOGIC LOG     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17 | Clay               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 25 | Fine sand          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 35 | Med sand           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <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>7-17-07</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>740</b> . This Water Well Record was completed on (mo/day/year) <b>8-5-07</b><br>under the business name of <b>Weninger Drilling Inc.</b> by (signature) _____                                                                                                                                                                                                                       |    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .                                                                                                                                                                                                                                |    |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                   |   |                                 |          |   |    |      |    |    |           |    |    |          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |      |    |                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |