

|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|---------------------------------------------------|--|-----------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Fraction                                                                | Section Number                                                                              |  | Township Number                                   |  | Range Number    |  |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ | <u>12</u>                                                                                   |  | T <u>29</u> S                                     |  | R <u>2E</u> E/W |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>15333 E. 87th St. Ct.</u>                                                                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 2 WATER WELL OWNER: <u>Todd Milby</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| RR#, St. Address, Box # : <u>1401 Goebel Cir, Wichita 67207</u>                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                             |  | Board of Agriculture, Division of Water Resources |  |                 |  |
| City, State, ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                         |                                                                                             |  | Application Number:                               |  |                 |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                         | 4 DEPTH OF COMPLETED WELL <u>100</u> ft. ELEVATION:                                         |  |                                                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         | Depth(s) Groundwater Encountered <u>18</u> ft. 1 ..... ft. 2 ..... ft. 3 <u>7-28-03</u> ft. |  |                                                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                         | WELL'S STATIC WATER LEVEL ..... ft. below land surface measured on mo/day/yr                |  |                                                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                         | Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm                |  |                                                   |  |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                         | Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm          |  |                                                   |  |                 |  |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                         | 5 Public water supply 8 Air conditioning 11 Injection well                                  |  |                                                   |  |                 |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> ; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                                            |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Water Well Disinfected? Yes <u>X</u> No                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 7 Fiberglass Threaded                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Blank casing diameter <u>5</u> in. to <u>60</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                              |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Casing height above land surface <u>12</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SDR 26</u>                                                                                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-Cement                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 11 Other (Specify) ..... 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                       |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 7 Torch cut 10 Other (specify) ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>100</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                           |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| GRAVEL PACK INTERVALS: From <u>20</u> ft. to <u>100</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Grout Intervals: From <u>4</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                            |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Direction from well? How many feet?                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 0 28 clay                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 28 40 shale                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 40 42 lime                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 42 83 shale                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 83 100 shale w/ lime strks                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 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) <u>7-28-03</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                                                       |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| Water Well Contractor's Licence No <u>171</u> This Water Well Record was completed on (mo/day/yr) <u>7-28-03</u>                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| under the business name of <u>G+S Drilling Inc.</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |
| 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, 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. |  |                                                                         |                                                                                             |  |                                                   |  |                 |  |