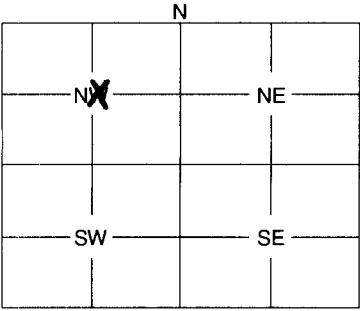


|         |                         |                     |                |                 |                 |
|---------|-------------------------|---------------------|----------------|-----------------|-----------------|
| 1       | LOCATION OF WATER WELL: | Fraction            | Section Number | Township Number | Range Number    |
| County: | <u>Sedgwick</u>         | <u>N 1/4 NW 1/4</u> | <u>19</u>      | <u>T-25-S</u>   | <u>R-1-W</u> EW |

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

3 miles South of Sedgwick and 2 3/4 west

|   |                        |                           |                          |                                                                          |
|---|------------------------|---------------------------|--------------------------|--------------------------------------------------------------------------|
| 2 | WATER WELL OWNER:      | RR #, St. Address, Box #: | City, State, ZIP Code    | Board of Agriculture, Division of Water Resources<br>Application Number: |
|   | <u>City of Wichita</u> | <u>455 N main</u>         | <u>Wichita, KS 67202</u> | <u># 19969</u>                                                           |

|   |                                                                                   |   |                                                                                                                   |                                                                                                       |
|---|-----------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                  | 4 | DEPTH OF WELL                                                                                                     | ft.                                                                                                   |
|   |  |   | <u>149'</u>                                                                                                       |                                                                                                       |
|   |                                                                                   |   | WELL'S STATIC WATER LEVEL                                                                                         | <u>18.70</u> ft.                                                                                      |
|   |                                                                                   |   | WELL WAS USED AS:                                                                                                 |                                                                                                       |
|   |                                                                                   |   | 1 Domestic<br><input checked="" type="radio"/> 2 Irrigation<br>3 Feedlot<br>4 Industrial                          | 5 Public Water Supply<br>6 Oil Field Water Supply<br>7 Domestic (Lawn & Garden)<br>8 Air Conditioning |
|   |                                                                                   |   | 9 Dewatering<br>10 Monitoring Well<br>11 Injection Well<br>12 Other                                               |                                                                                                       |
|   |                                                                                   |   | Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> |                                                                                                       |
|   |                                                                                   |   | If yes, mo/day/yr sample was submitted .....                                                                      |                                                                                                       |
|   |                                                                                   |   | Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....                                          |                                                                                                       |

|   |                                                                                                                                                                                                                                                                                                                                                          |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                               |
|   | <input checked="" type="radio"/> 1 Steel<br><input type="radio"/> 2 PVC<br><input type="radio"/> 3 RMP (SR)<br><input type="radio"/> 4 ABS<br><input type="radio"/> 5 Wrought<br><input type="radio"/> 6 Asbestos-Cement<br><input type="radio"/> 7 Fiberglass<br><input type="radio"/> 8 Concrete Tile<br><input type="radio"/> 9 Other (Specify below) |
|   | Blank casing diameter <u>18</u> in. Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> If yes, how much .....                                                                                                                                                                                                                           |
|   | Casing height above or below land surface <u>36</u> in.                                                                                                                                                                                                                                                                                                  |

|   |                                                                                              |                                                                                    |                                                                                                                       |                          |                                       |
|---|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------|
| 6 | GROUT PLUG MATERIAL:                                                                         | 1 Neat cement                                                                      | <input checked="" type="radio"/> 2 Cement grout                                                                       | 3 Bentonite              | 4 Other .....                         |
|   | Grout Plug Intervals:                                                                        | From <u>20</u> ft.                                                                 | to <u>3</u> ft.                                                                                                       | From ..... ft.           | to ..... ft., From ..... to ..... ft. |
|   | What is the nearest source of possible contamination:                                        |                                                                                    |                                                                                                                       |                          |                                       |
|   | 1 Septic tank<br>2 Sewer lines<br>3 Watertight sewer lines<br>4 Lateral lines<br>5 Cess pool | 6 Seepage pit<br>7 Pit privy<br>8 Sewage lagoon<br>9 Feedyard<br>10 Livestock pens | 11 Fuel storage<br>12 Fertilizer storage<br>13 Insecticide storage<br>14 Abandoned water well<br>15 Oil well/Gas well | 16 Other (specify below) |                                       |
|   | Direction from well? <u>None within 1/4 mile</u>                                             | How many feet? .....                                                               |                                                                                                                       |                          |                                       |

| FROM       | TO        | PLUGGING MATERIALS  |
|------------|-----------|---------------------|
| <u>149</u> | <u>20</u> | <u>Sand</u>         |
| <u>20</u>  | <u>3</u>  | <u>Cement Grout</u> |
| <u>3</u>   | <u>0</u>  | <u>Top Soil</u>     |
|            |           |                     |
|            |           |                     |
|            |           |                     |
|            |           |                     |

Plugging witnessed by  
Tim Boese - Equus Beds  
GMD-2

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2-23-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> This Water Well Record was completed on (mo/day/year) <u>2-23-04</u> under the business name of <u>City of Wichita</u> by (signature) <u>Richard W. Rob</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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.