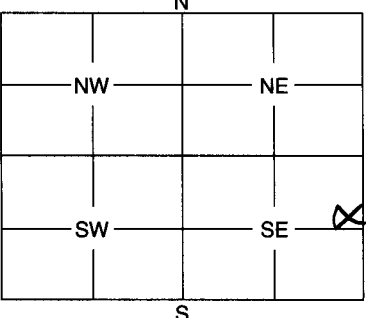


| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LOCATION OF WATER WELL:<br><i>Sedgwick</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fraction<br><i>SE NE SE</i> | Section Number<br><i>36</i>                                                         | Township Number<br><i>25</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Range Number<br><i>1</i> |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <i>Sedgwick</i> <span style="float: right;">EW</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><i>215 S. Park</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WATER WELL OWNER: <i>USD #262</i><br>RR #, St. Address, Box #: <i>215 S. Park</i><br>City, State, ZIP Code: <i>Valley Center</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | Board of Agriculture, Division of Water Resources<br>Application Number: <i>MW3</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | 4                                                                                   | DEPTH OF WELL ..... <i>20</i> ..... ft.<br><br>WELL'S STATIC WATER LEVEL ..... ft.<br><br>WELL WAS USED AS:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial         </div> <div>           5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning         </div> <div>           9 Dewatering<br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other .....         </div> </div> |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <i>X</i> .....<br>If yes, mo/day/yr sample was submitted .....<br><br>Water Well Disinfected: Yes ..... No <i>X</i> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE OF BLANK CASING USED:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Steel<br/>2 PVC         </div> <div>           3 RMP (SR)<br/>4 ABS         </div> <div>           5 Wrought<br/>6 Asbestos-Cement         </div> <div>           7 Fiberglass<br/>8 Concrete Tile         </div> <div>           9 Other (Specify below)         </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter ..... <i>2.575</i> .....<br>Casing height above or below land surface ..... <i>0</i> ..... in.<br>Was casing pulled? Yes <i>7</i> No ..... If yes, how much <i>20</i> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <i>Bentonite</i> 4 Other .....<br>Grout Plug Intervals: From <i>3</i> ft. to <i>20</i> ft., From ..... ft. to ..... ft., From ..... to ..... ft.<br><br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div>           1 Septic tank<br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool         </div> <div>           6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens         </div> <div>           11 Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well         </div> <div>           16 Other (specify below)         </div> </div> |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? ..... How many feet? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><i>0</i></td> <td><i>1</i></td> <td><i>Asphalt</i></td> </tr> <tr> <td><i>1</i></td> <td><i>3</i></td> <td><i>Soil</i></td> </tr> <tr> <td><i>3</i></td> <td><i>20</i></td> <td><i>Bentonite</i></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> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          | FROM | TO | PLUGGING MATERIALS | <i>0</i> | <i>1</i> | <i>Asphalt</i> | <i>1</i> | <i>3</i> | <i>Soil</i> | <i>3</i> | <i>20</i> | <i>Bentonite</i> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLUGGING MATERIALS          |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>0</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <i>Asphalt</i>              |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>3</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <i>Soil</i>                 |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <i>3</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <i>20</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>Bentonite</i>            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>7/19/16</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>797</i> This Water Well Record was completed on (mo/day/year) <i>7/24/16</i> under the business name of <i>Larsen &amp; Associate, Inc.</i><br>by (signature) <i>Kelly Ann</i>                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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.                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |      |    |                    |          |          |                |          |          |             |          |           |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |