

1 LOCATION OF WATER WELL: County: Sedgwick Fraction: SW 1/4 NE 1/4 NW 1/4 Section Number: 25 Township Number: T 26 S Range Number: R 1 EW

2 WATER WELL OWNER: RR#, St. Address, Box #: 4100 N West St. City, State, ZIP Code: City of Wichita, 1900 E 9th St, Wichita KS 67214

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram showing a 36-section grid with 'X' in the NW section]

4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION: 116 ft. WELL'S STATIC WATER LEVEL: 116 ft. below land surface measured on mo/day/yr

5 TYPE OF BLANK CASING USED: 1 Steel, 2 Brass, 3 RMP (SR), 4 ABS, 5 Wrought iron, 6 Concrete tile, 7 Fiberglass, 8 Air conditioning, 9 Other (specify below), 10 Asbestos-cement, 11 Injection well, 12 Other (specify below)

6 GROUT MATERIAL: Neat cement, 2 Cement grout, 3 Bentonite, 4 Other

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) 11/21/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 12/11/97 under the business name of GSI by (signature) Allison M. Swin

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.