

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fraction                    | Section   | Number                                            | Township  | Number | Range    | Number      |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------|---------------------------------------------------|-----------|--------|----------|-------------|------|----|--------------------|----------|----------|----------------|----------|-----------|------------------|-----------|-----------------------------------------------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County: <u>Gedgewick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>SE 1/4 NW 1/4 SE 1/4</u> | <u>19</u> |                                                   | <u>26</u> |        | <u>1</u> | EW <u>①</u> |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>627 James Ave Maize, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WATER WELL OWNER: <u>First Baptists Church of Maize</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>627 James Ave</u>        |           | Board of Agriculture, Division of Water Resources |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Maize, KS 67101</u>      |           | Application Number:                               |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                          |                             | 4         | DEPTH OF WELL ..... <u>55</u> ..... ft.           |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">NW</td> <td style="width: 25%; text-align: center;">NE</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">X</td> <td style="text-align: center;">E</td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">S</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | NW        | NE                                                |           |        | W        | X           | E    |    | SW                 | SE       |          |                | S        |           |                  |           | WELL'S STATIC WATER LEVEL <u>24</u> ..... ft. |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | NW        | NE                                                |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | W         | X                                                 | E         |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             | SW        | SE                                                |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <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/> <u>①</u> 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 <u>X</u><br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes <u>X</u> No .....                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Steel<br/> <u>①</u> 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 ..... <u>5</u> ..... in. Was casing pulled? Yes ..... No <u>X</u> If yes, how much .....<br>Casing height above or below land surface ..... <u>36</u> ..... in.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>①</u> Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                                                        |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals: From <u>3</u> ..... ft. to <u>24</u> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.<br>What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank<br/> <u>①</u> 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? <u>North</u> ..... How many feet? <u>30</u> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><u>0</u></td> <td><u>3</u></td> <td><u>Topsoil</u></td> </tr> <tr> <td><u>3</u></td> <td><u>24</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>24</u></td> <td><u>55</u></td> <td><u>Gravel</u></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 | <u>0</u> | <u>3</u> | <u>Topsoil</u> | <u>3</u> | <u>24</u> | <u>Bentonite</u> | <u>24</u> | <u>55</u>                                     | <u>Gravel</u> |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PLUGGING MATERIALS          |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>Topsoil</u>              |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <u>24</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Bentonite</u>            |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>24</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>55</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>Gravel</u>               |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| RECEIVED<br><br>SEP 15 2004<br><br>BUREAU OF WATER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                             |           |                                                   |           |        |          |             |      |    |                    |          |          |                |          |           |                  |           |                                               |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-25-04</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>238</u> ..... This Water Well-Record was completed on (mo/day/year) <u>8-27-04</u> ..... under the business name of <u>Weninger Irrigation</u> by (signature) <u>W. Weninger</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.