

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                             | Fraction                    | Section Number                                                                                                                                                                                                                                                                                                                                                   | Township Number             | Range Number                                                                                |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------|------|----|--------------------|----------|----------|---------------------------|----------|-----------|------------------|-----------|-----------|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | County: <u>Sedgewick</u>                                                                                                                                                                                                                                                                                                                                                                                                            | <u>SE 1/4 NW 1/4 SE 1/4</u> | <u>19</u>                                                                                                                                                                                                                                                                                                                                                        | <u>26 S.</u>                | <u>1</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span> |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>746 Carriage Maize, KS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WATER WELL OWNER: <u>S.P. Ugrisham</u>                                                                                                                                                                                                                                                                                                                                                                                              |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RR #, St. Address, Box #: <u>746 Carriage</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:<br><br><div style="text-align: center;"> </div>                                                                                                                                                                                                                                                                                                                                    |                             | 4                                                                                                                                                                                                                                                                                                                                                                | DEPTH OF WELL <u>55</u> ft. |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | WELL'S STATIC WATER LEVEL <u>12</u> ft.                                                                                                                                                                                                                                                                                                                          |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             | 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>7</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> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, mo/day/yr sample was submitted .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>2</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 .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <u>12</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Grout Plug Intervals: From <u>1</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                  |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank<br/><u>2</u> Sewer lines<br/><u>3</u> 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>East</u> How many feet? <u>15</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>1</u></td> <td><u>Neat Cement (Base)</u></td> </tr> <tr> <td><u>1</u></td> <td><u>20</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>20</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             | FROM | TO | PLUGGING MATERIALS | <u>0</u> | <u>1</u> | <u>Neat Cement (Base)</u> | <u>1</u> | <u>20</u> | <u>Bentonite</u> | <u>20</u> | <u>55</u> | <u>Gravel</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TO                                                                                                                                                                                                                                                                                                                                                                                                                                  | PLUGGING MATERIALS          |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>Neat Cement (Base)</u>   |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Bentonite</u>            |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>20</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>55</u>                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>Gravel</u>               |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-19-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>77240</u> This Water Well Record was completed on (mo/day/year) <u>5-5-05</u> under the business name of <u>Wenger Drilling Inc.</u> by (signature) <u>[Signature]</u> |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                                             |      |    |                    |          |          |                           |          |           |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |