

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                          | Fraction                                          | Section Number | Township Number             | Range Number                                                                                |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | County: <u>Sedgewick</u> <u>NW 1/4 NW 1/4 NW 1/4</u>                                                                                                                                                                                                                                                                                                                                             |                                                   | <u>20</u>      | <u>26S</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>1/2 E. of 53rd N x 103rd W, Maize, KS.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WATER WELL OWNER: <u>Nowak Const.</u>                                                                                                                                                                                                                                                                                                                                                            |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #: <u>P.O. Box 218</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                  | Board of Agriculture, Division of Water Resources |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code: <u>Goddard, KS. 67052</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                  | Application Number: _____                         |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                 |                                                   | 4              | DEPTH OF WELL <u>36</u> ft. |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">X</td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> <td></td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> <td></td> </tr> </table> <div style="text-align: center;">S</div>                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  | X                                                 |                |                             | NW                                                                                          | NE   |    | SW                 | SE       |          | WELL'S STATIC WATER LEVEL <u>8</u> ft. |          | WELL WAS USED AS:<br><br><div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Dewatering</span><br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other _____ </div> </div><br>Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u><br>If yes, mo/day/yr sample was submitted _____<br><br>Water Well Disinfected: Yes <u>X</u> No _____ |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  | X                                                 |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  | NW                                                | NE             |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  | SW                                                | SE             |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
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| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                       |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Steel<br/><u>2 PVC</u> </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>8</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <u>36"</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____                                                                                                                                                                                                                                                                                                               |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals: From <u>3</u> ft. to <u>10</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank<br/>2 Sewer lines<br/><u>3 Watertight sewer lines</u><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>West</u> How many feet? <u>10</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>Top Soil</u></td> </tr> <tr> <td><u>3</u></td> <td><u>10</u></td> <td><u>Bentonite</u></td> </tr> <tr> <td><u>10</u></td> <td><u>36</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>Top Soil</u>                        | <u>3</u> | <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Bentonite</u> | <u>10</u> | <u>36</u> | <u>Gravel</u> |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO                                                                                                                                                                                                                                                                                                                                                                                               | PLUGGING MATERIALS                                |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                         | <u>Top Soil</u>                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                        | <u>Bentonite</u>                                  |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>10</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>36</u>                                                                                                                                                                                                                                                                                                                                                                                        | <u>Gravel</u>                                     |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |
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| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-15-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>#240</u> This Water Well Record was completed on (mo/day/year) <u>6-1-05</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.                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                |                             |                                                                                             |      |    |                    |          |          |                                        |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |