

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                                         |  |                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------|-----------------------------------------------------------------------------------------|--|---------------------------------|--|
| 1 LOCATION OF WATER WELL:<br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | FRACTION<br><b>SW 1/4 SE 1/4 SE 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SECTION NUMBER<br><b>22</b> | TOWNSHIP NUMBER<br><b>T 26 S</b>                                                        |  | RANGE NUMBER<br><b>R 1W E/W</b> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>West of Hoover Road, North of 45th St. North      Wichita, Kansas (6 logs on 1 permit)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                                         |  |                                 |  |
| 2 WATER WELL OWNER:<br>RR#,ST. ADDRESS,BOX #:<br>CITY, STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>WICHITA, CITY OF<br/>455 N. Main<br/>Wichita, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                             | Board of Agriculture, Division of Water Resource<br>Application Number: <b>20080359</b> |  | ZIP CODE:                       |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 4 DEPTH OF COMPLETED WELL: <b>40</b> ft. ELEVATION:<br>Depth of groundwater Encountered: _____ ft.<br>WELL'S STATIC WATER LEVEL <b>10</b> FT. BELOW LAND SURFACE MEASURED ON <b>1/6/09</b><br>Pump test data: Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Est. Yield: _____ gpm Well water was _____ ft. after _____ hours of pumping @ _____ gpm<br>Bore Hole Diameter <b>12</b> in. to <b>40</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br>1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only 9. Dewatering 11. Injection well<br>2. Irrigation 4. Industrial 6. Oil field water supply 8. Air conditioning 10. Monitoring well 12. Other (Specify below)<br>Was a chemical/bacteriological sample submitted to Department? <b>YES</b> <b>NO</b> ; If yes, what mo/day/yr was sample submitted<br>Was Water Well Disinfected? <b>YES</b> <b>NO</b> |  |                             |                                                                                         |  |                                 |  |
| 5 TYPE OF CASING USED:<br>1. Steel 3. RPM (SR) 5. Wrought Iron 7. Fiberglass 9. Other (Specify below) CASING JOINTS: Glued Threaded<br>2. PVC 4. ABS 6. Asbestos-Cement 8. Concrete tile SDR-26 Welded Clamped<br>Blank casing diameter <b>8</b> in. to <b>20</b> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.<br>Casing height above land surface: <b>12</b> in., Weight: <b>5.52</b> lbs. / ft. Wall thickness or gauge No. <b>.332</b><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1. Steel 3. Stainless Steel 5. Fiberglass 7. PVC 9. ABS 11. Other (specify)<br>2. Brass 4. Galvanized 6. Concrete Tile 8. RMP (SR) 10. Asbestos-Cement 12. None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1. Continuous slot 3. Mill slot 5. Gauzed wrapped 7. Torch cut 9. Drilled holes 11. None ( open hole)<br>2. Louvered shutter 4. Key punched 6. Wire wrapped 8. Saw cut 10. Other (specify)<br>SCREEN - PERFORATION INTERVAL From <b>20</b> ft. to <b>33</b> ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>40</b> ft., From _____ ft. to _____ ft. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                                         |  |                                 |  |
| 6 GROUT MATERIALS: 1. Neat cement 2. Cement Grout 3. Bentonite Other <b>bentonite hole plug</b><br>Grout Intervals: From <b>0</b> ft. to <b>20</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1. Septic tank 4. Lateral lines 7. Pit privy 10. Livestock pens 13. Insecticide storage 15. Oil well/Gas well<br>2. Sewer lines 5. Cess Pool 8. Sewage lagoon 11. Fuel storage 14. Abandon water well 16. Other (specify below)<br>3. Watertight sewer line 6. Seepage pit 9. Feed yard 12. Fertilizer storage <b>None Apparent</b><br>Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                                         |  |                                 |  |
| 7 Contractor's or Landowner's Certification: This water well was 1. <b>constructed</b> 2. reconstructed or 3. plugged under my jurisdiction and was completed on (mo/day/year) <b>1/6/2009</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>236</b> This water well record was completed on (mo/day/year) <b>1/12/2009</b><br>under the business name of <b>Harp Well and Pump Service</b> by (signature) <b>Todd S. Harp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                             |                                                                                         |  |                                 |  |