

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                  |                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL:<br><b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | FRACTION<br><b>NW 1/4 NW 1/4 SW 1/4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | SECTION NUMBER<br><b>20</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>1/2 mile No of 45th N., Eastside of 53rd N. Maize, Kansas (2 plug on 1 permit)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                  |                                 |
| 2 WATER WELL OWNER:<br>RR#,ST. ADDRESS,BOX #:<br>CITY, STATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | MAIZE, CITY OF (PUBLIC WORKS DEPARTMENT)<br><b>10100 W. Grady Ave.</b><br><b>Maize, Kansas</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                     |                                  |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Application Number: <b>20110117</b> |                                  |                                 |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 4 DEPTH OF <del>plugged</del> WELL: <b>40</b> ft. ELEVATION:<br>Depth of groundwater Encountered: _____ ft.<br>WELL'S STATIC WATER LEVEL <b>15</b> FT. BELOW LAND SURFACE MEASURED ON <b>8/30/11</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 _____ ft. and _____ in. to _____ ft.<br>WELL WATER <del>USE</del> USED AS:<br>1. Domestic 3. Feedlot 5. Public water supply 7. Lawn and garden only <b>9. Dewatering</b> 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? YES NO ; If yes, what _____ mo/day/yr was sample submitted<br>Was Water Well Disinfected? YES NO |  |                                     |                                  |                                 |
| 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><b>2. PVC</b> 4. ABS 6. Asbestos-Cement 8. Concrete tile Welded Clamped<br>Blank casing diameter <b>8</b> in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.<br>Casing height <del>below</del> land surface: <b>36</b> in., Weight: _____ lbs. / ft. Wall thickness or gauge No. _____<br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1. Steel 3. Stainless Steel 5. Fiberglass 7. PVC 9. ABS 11. Other (specify) <b>N/A</b><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) <b>N/A</b><br>SCREEN - PERFORATION INTERVAL From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ 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 _____ ft. to _____ ft., From _____ ft. to _____ ft., From <b>3</b> ft. to <b>23</b> 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<br>Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                  |                                 |
| 7 Contractor's or Landowner's Certification: This water well was 1. <b>constructed</b> 2. <b>reconstructed</b> or 3. <b>plugged</b> under my jurisdiction and was completed on (mo/day/year) <b>8/30/2011</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>9/6/2011</b><br>under the business name of <b>Harp Well and Pump Service</b> by (signature) <b>Todd S. Harp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                  |                                 |