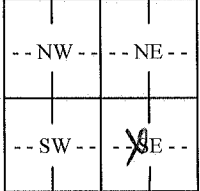


☒ Original Record    ☐ Correction    ☐ Change in Well Use

Well ID

| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Fraction: $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      | Section Number: <u>29</u> |                                          | Township Number: <u>T 26 S</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Range Number: <u>R 1 E</u> <input checked="" type="checkbox"/> <u>W</u> |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
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| <b>2 WELL OWNER:</b> Last Name: <u>Taylor</u> First: <u>Wade</u><br>Business: _____<br>Address: <u>350 S 801st</u><br>Address: <u>Wichita</u> State: <u>KS</u> ZIP: <u>67209</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |    | Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: <input type="checkbox"/><br><u>4034 N Stone Barn St</u><br><u>maize, KS 67101</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <b>3 LOCATE WELL WITH "X" IN SECTION BOX:</b><br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    | <b>4 DEPTH OF COMPLETED WELL:</b> <u>55</u> ft.<br>Depth(s) Groundwater Encountered: 1) _____ ft.<br>2) _____ ft. 3) _____ ft., or 4) <input type="checkbox"/> Dry Well<br>WELL'S STATIC WATER LEVEL: _____ ft.<br><input checked="" type="checkbox"/> below land surface, measured on (mo-day-yr) <u>4-24-13</u><br><input type="checkbox"/> above land surface, measured on (mo-day-yr) _____<br>Pump test data: Well water was _____ ft.<br>after _____ hours pumping _____ gpm<br>Well water was _____ ft.<br>after _____ hours pumping _____ gpm<br>Estimated Yield: <u>40</u> gpm<br>Bore Hole Diameter: <u>1.2</u> in. to <u>5.5</u> in. and _____ in. to _____ in. |      |                           |                                          | <b>5 Latitude:</b> _____ (decimal degrees)<br><b>Longitude:</b> _____ (decimal degrees)<br>Datum: <input type="checkbox"/> WGS 84 <input type="checkbox"/> NAD 83 <input type="checkbox"/> NAD 27<br>Source for Latitude/Longitude:<br><input type="checkbox"/> GPS (unit make/model: _____) (WAAS enabled? <input type="checkbox"/> Yes <input type="checkbox"/> No)<br><input type="checkbox"/> Land Survey <input type="checkbox"/> Topographic Map<br><input type="checkbox"/> Online Mapper: _____ |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <b>7 WELL WATER TO BE USED AS:</b><br>1. Domestic: <input type="checkbox"/> Household <input checked="" type="checkbox"/> Lawn & Garden <input type="checkbox"/> Livestock<br>2. <input type="checkbox"/> Irrigation<br>3. <input type="checkbox"/> Feedlot<br>4. <input type="checkbox"/> Industrial<br>5. <input type="checkbox"/> Public Water Supply: well ID _____<br>6. <input type="checkbox"/> Dewatering: how many wells? _____<br>7. <input type="checkbox"/> Aquifer Recharge: well ID _____<br>8. <input type="checkbox"/> Monitoring: well ID _____<br>9. Environmental Remediation: well ID _____<br><input type="checkbox"/> Air Sparge <input type="checkbox"/> Soil Vapor Extraction<br><input type="checkbox"/> Recovery <input type="checkbox"/> Injection<br>10. <input type="checkbox"/> Oil Field Water Supply: lease _____<br>11. Test Hole: well ID _____<br><input type="checkbox"/> Cased <input type="checkbox"/> Uncased <input type="checkbox"/> Geotechnical<br>12. Geothermal: how many bores? _____<br>a) Closed Loop <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical<br>b) Open Loop <input type="checkbox"/> Surface Discharge <input checked="" type="checkbox"/> Inj. of Water<br>13. <input type="checkbox"/> Other (specify): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <b>Was a chemical/bacteriological sample submitted to KDHE?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, date sample was submitted: _____<br>Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <b>8 TYPE OF CASING USED:</b> <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other _____ CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded<br>Casing diameter <u>5</u> in. to <u>12</u> in. Diameter _____ in. to _____ in. Diameter _____ in. to _____ in.<br>Casing height above land surface _____ in. Weight <u>2.4</u> lbs./ft. Wall thickness or gauge No. <u>12</u> gpsi.<br><b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b><br><input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Concrete tile <input type="checkbox"/> None used (open hole)<br><b>SCREEN OR PERFORATION OPENINGS ARE:</b><br><input type="checkbox"/> Continuous Slot <input checked="" type="checkbox"/> Mill Slot <input type="checkbox"/> Gauze Wrapped <input type="checkbox"/> Torch Cut <input type="checkbox"/> Drilled Holes <input type="checkbox"/> Other (Specify) _____<br><input type="checkbox"/> Louvered Shutter <input type="checkbox"/> Key Punched <input type="checkbox"/> Wire Wrapped <input type="checkbox"/> Saw Cut <input type="checkbox"/> None (Open Hole)<br><b>SCREEN-PERFORATED INTERVALS:</b> From <u>40</u> ft. to <u>55</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>GRAVEL PACK INTERVALS:</b> From <u>20</u> ft. to <u>55</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <b>9 GROUT MATERIAL:</b> <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>Grout Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br><b>Nearest source of possible contamination:</b><br><input type="checkbox"/> Septic Tank <input type="checkbox"/> Lateral Lines <input type="checkbox"/> Pit Privy <input type="checkbox"/> Livestock Pens <input type="checkbox"/> Insecticide Storage<br><input type="checkbox"/> Sewer Lines <input type="checkbox"/> Cess Pool <input type="checkbox"/> Sewage Lagoon <input type="checkbox"/> Fuel Storage <input type="checkbox"/> Abandoned Water Well<br><input checked="" type="checkbox"/> Watertight Sewer Lines <input type="checkbox"/> Seepage Pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer Storage <input type="checkbox"/> Oil Well/Gas Well<br><input type="checkbox"/> Other (Specify) _____<br>Direction from well? <u>West</u> Distance from well? <u>85'</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10 FROM</th> <th style="width:10%;">TO</th> <th style="width:40%;">LITHOLOGIC LOG</th> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:20%;">LITHO. LOG (cont.) or PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>Top Soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>20</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>27</td> <td>fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>27</td> <td>37</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>37</td> <td>55</td> <td>med sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6" style="height: 40px; vertical-align: top;">Notes:</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  | 10 FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS | 0 | 3 | Top Soil |  |  |  | 3 | 20 | clay |  |  |  | 20 | 27 | fine sand |  |  |  | 27 | 37 | clay |  |  |  | 37 | 55 | med sand |  |  |  | Notes: |  |  |  |  |  |
| 10 FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FROM | TO                        | LITHO. LOG (cont.) or PLUGGING INTERVALS |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3  | Top Soil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 27 | fine sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 37 | clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| 37                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 55 | med sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |
| <b>11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo-day-year) <u>4-24-13</u> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <u>240</u> This Water Well Record was completed on (mo-day-year) <u>6-7-13</u><br>under the business name of <u>Weninger Drilling Inc</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                         |  |         |    |                |      |    |                                          |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |      |  |  |  |    |    |          |  |  |  |        |  |  |  |  |  |

INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.  
 Visit us at <http://www.kdheks.gov/waterwell/index.html> KSA 82a-1212 Revised 9/10/2012