

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                |                       |                                                   |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------|------------------------------------------------|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    | <b>Fraction</b>                                                                                                | <b>Section Number</b> | <b>Township Number</b>                            | <b>Range Number</b>                            |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | <u>SE ¼ SW ¼ NE ¼</u>                                                                                          | <u>19</u>             | <u>T 26 S</u>                                     | <u>R 1W E W</u>                                |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                |                       |                                                   |                                                |
| <u>3005 King Wichita, Ks.</u> <u>300 South King, Maize</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                |                       |                                                   |                                                |
| <b>2 WATER WELL OWNER:</b> <u>Dane Dillion</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                |                       |                                                   |                                                |
| RR#, St. Address, Box # : <u>3005 King</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                |                       | Board of Agriculture, Division of Water Resources |                                                |
| City, State, ZIP Code : <u>Wichita, Ks.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                |                       | Application Number:                               |                                                |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | <b>4 DEPTH OF COMPLETED WELL:</b> <u>40</u> ft. <b>ELEVATION:</b> .....                                        |                       |                                                   |                                                |
| <p>Diagram showing the well location (marked X) in the center of the section box.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | Depth(s) Groundwater Encountered 1. <u>17</u> ft. 2. .... ft. 3. .... ft.                                      |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | WELL'S STATIC WATER LEVEL ..... <u>17</u> ft. below land surface measured on mo/day/yr <u>11-25-88</u>         |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm                                   |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm                             |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | Bore Hole Diameter..... <u>11</u> in. to ..... ft., and ..... in. to ..... ft.                                 |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | WELL WATER TO BE USED AS:    5 Public water supply    8 Air conditioning    11 Injection well                  |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | 1 Domestic         3 Feedlot         6 Oil field water supply    9 Dewatering         12 Other (Specify below) |                       |                                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    | 2 Irrigation         4 Industrial         7 Lawn and garden only    10 Monitoring well .....                   |                       |                                                   |                                                |
| Was a chemical/bacteriological sample submitted to Department? Yes.....No... <u>X</u> ....; If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                                |                       |                                                   |                                                |
| Water Well Disinfected? Yes <u>X</u> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                |                       |                                                   |                                                |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                |                       |                                                   |                                                |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 3 RMP (SR)                                                                                                     | 5 Wrought iron        | 8 Concrete tile                                   | CASING JOINTS: Glued .. <u>X</u> .. Clamped .. |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | 4 ABS                                                                                                          | 6 Asbestos-Cement     | 9 Other (specify below)                           | Welded ..                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                | 7 Fiberglass          | <u>Cer-Mac styrene SDR-26</u>                     | Threaded ..                                    |
| Blank casing diameter ..... <u>5</u> in. to ..... <u>30</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                                                                                |                       |                                                   |                                                |
| Casing height above land surface ..... <u>12</u> in., weight ..... <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u>                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                |                       |                                                   |                                                |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |    |                                                                                                                |                       |                                                   |                                                |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 3 Stainless steel                                                                                              | 5 Fiberglass          | 8 RMP (SR)                                        | 10 Asbestos-cement                             |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    | 4 Galvanized steel                                                                                             | 6 Concrete tile       | 9 ABS                                             | 11 Other (specify) .....                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                |                       |                                                   | 12 None used (open hole)                       |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                |                       |                                                   |                                                |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 3 Mill slot                                                                                                    | 5 Gauzed wrapped      | 8 Saw cut                                         | 11 None (open hole)                            |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    | 4 Key punched                                                                                                  | 6 Wire wrapped        | 9 Drilled holes                                   |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                | 7 Torch cut           | 10 Other (specify) .....                          |                                                |
| <b>SCREEN-PERFORATED INTERVALS:</b> From ..... <u>30</u> ft. to ..... <u>40</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                                                                                |                       |                                                   |                                                |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                |                       |                                                   |                                                |
| <b>GRAVEL PACK INTERVALS:</b> From ..... <u>25</u> ft. to ..... <u>40</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                |                       |                                                   |                                                |
| From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                |                       |                                                   |                                                |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement    2 Cement grout    3 Bentonite    4 Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                                |                       |                                                   |                                                |
| Grout Intervals: From ..... <u>4</u> ft. to ..... <u>24</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                |    |                                                                                                                |                       |                                                   |                                                |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                |                       |                                                   |                                                |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | 4 Lateral lines                                                                                                | 7 Pit privy           | 10 Livestock pens                                 | 14 Abandoned water well                        |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    | 5 Cess pool                                                                                                    | 8 Sewage lagoon       | 11 Fuel storage                                   | 15 Oil well/Gas well                           |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    | 6 Seepage pit                                                                                                  | 9 Feedyard            | 12 Fertilizer storage                             | 16 Other (specify below)                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |    |                                                                                                                |                       | 13 Insecticide storage                            |                                                |
| Direction from well? <u>South</u> How many feet? <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                                                                                                |                       |                                                   |                                                |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                |                       |                                                   |                                                |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3  | topsoil                                                                                                        |                       |                                                   |                                                |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 18 | clay                                                                                                           |                       |                                                   |                                                |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27 | fine sand                                                                                                      |                       |                                                   |                                                |
| 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 40 | medium sand                                                                                                    |                       |                                                   |                                                |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>11-25-88</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>236</u> ..... This Water Well Record was completed on (mo/day/yr) <u>4-15-89</u> under the business name of <u>Harp Well and Pump Service, Inc.</u> by (signature) <u>Mary Arnold</u> |    |                                                                                                                |                       |                                                   |                                                |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                               |    |                                                                                                                |                       |                                                   |                                                |