

| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fraction                    | Section                  | Number                  | Township      | Number | Range        | Number     |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SE 1/4 SW 1/4 NW 1/4</b> | <b>20</b>                |                         | <b>T 26 S</b> |        | <b>R 2 E</b> | <b>(W)</b> |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| Distance and direction from nearest town or city street address of well if located within city?<br>Approximately 1 3/4 miles west and 1/2 mile south of Colwich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | WATER WELL OWNER: <b>City of Colwich</b><br>RR#, St. Address, Box # <b>P.O. Box 158</b><br>City, State, ZIP Code <b>Colwich, KS 67030</b> <div style="float: right; text-align: right;">           Board of Agriculture, Division of Water Resources<br/>           Application Number:         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><br><div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N<br/>W<br/>E<br/>S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>X</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div>                                                                                                                                                                                                                                                                                                                                             |                             |                          |                         |               |        |              |            |               |               |                    | X                        |                         |                  |                       |                   |                          |                 | <b>4</b> DEPTH OF WELL <b>94</b> ft<br><br>WELL'S STATIC WATER LEVEL <b>29</b> ft<br><br>WELL WAS USED AS:<br><table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Observation Well</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted _____<br><br>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                |                 |            |                         |  | 1 Domestic  | 5 Public Water Supply | 9 Dewatering         | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other Observation Well |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
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| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9 Dewatering                |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10 Monitoring Well          |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11 Injection Well           |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 12 Other Observation Well   |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TYPE OF BLANK CASING USED:<br><table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><b>2 PVC</b></td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter <b>5</b> in. Was casing pulled? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, how much Cut off _____<br>Casing height above or <b>below</b> land surface <b>48</b> in.                                                                                                                                                                                                                                                                                                                                                                        |                             |                          |                         |               |        |              |            | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (Specify below) | <b>2 PVC</b>     | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 Wrought                   | 7 Fiberglass             | 9 Other (Specify below) |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| <b>2 PVC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6 Asbestos-Cement           | 8 Concrete Tile          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GROUT PLUG MATERIAL: 1 Neat Cement <b>2 Cement grout</b> 3 Bentonite 4 Other _____<br>Grout Plug Intervals: From <b>31</b> ft. to <b>4</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>None known</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? _____ How many feet? _____ |                             |                          |                         |               |        |              |            | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy      | 12 Fertilizer storage | None known        | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess Pool | 10 Livestock pens     | 15 Oil well/Gas well |              |                          |                    |           |                            |                   |              |                    |                           |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6 Seepage pit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11 Fuel storage             | 16 Other (specify below) |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7 Pit privy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12 Fertilizer storage       | None known               |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8 Sewage lagoon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 13 Insecticide storage      |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14 Abandoned water well     |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 5 Cess Pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15 Oil well/Gas well        |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">94</td> <td style="text-align: center;">31</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">31</td> <td style="text-align: center;">4</td> <td>Concrete Grout</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                          |                         |               |        |              |            | FROM          | TO            | PLUGGING MATERIALS | 94                       | 31                      | Chlorinated Sand | 31                    | 4                 | Concrete Grout           | 4               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Compacted Soil |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PLUGGING MATERIALS          |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Chlorinated Sand            |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Concrete Grout              |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
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| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>2-6-01</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>185</b> This Water Well Record was completed on (mo/day/year) <b>2-7-01</b> under the business name of <b>Clarke Well &amp; Equipment, Inc.</b><br>by (signature) <i>Clarke Well &amp; Equipment, Inc.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |
| 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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |                          |                         |               |        |              |            |               |               |                    |                          |                         |                  |                       |                   |                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                 |            |                         |  |             |                       |                      |              |                          |                    |           |                            |                   |              |                    |                           |