

14 wells

| 1 LOCATION OF WATER WELL:<br>County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fraction <u>NE 1/4 SW 1/4 SW 1/4</u> | Section Number <u>3</u> | Township Number <u>27 S</u> | Range Number <u>1 W</u> |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>21st north &amp; North Shore Wichita KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                         |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 WATER WELL OWNER: <u>Nonak construction</u><br>RR#, St. Address, Box #: <u>200 S Goddard Rd</u><br>City, State, ZIP Code: <u>Goddard KS 67052</u><br>Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                         |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td></td><td></td><td></td></tr><tr><td>N W</td><td></td><td>N E</td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td>S W</td><td></td><td>S E</td></tr><tr><td></td><td></td><td></td></tr><tr><td colspan="3">S</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                         |                             |                         | N W           |               | N E                | W                        |                         | E           | S W                   |                   | S E                      |                 |                        |          | S               |            |                         | 4 DEPTH OF WELL..... <u>36</u> .....ft.<br>WELL'S STATIC WATER LEVEL..... <u>7</u> .....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 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No.... <u>X</u><br>If yes, mo/day/yr sample was submitted.....<br>Water Well Disinfected: Yes... <u>X</u> ... No..... |             |                   | 1 Domestic           | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                         |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| N W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | N E                     |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      | E                       |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| S W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | S E                     |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                         |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |                         |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 Public Water Supply                | 9 Dewatering            |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6 Oil Field Water Supply             | 10 Monitoring Well      |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7 Lawn and Garden Only               | 11 Injection Well       |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 Air Conditioning                   | 12 Other.....           |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 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>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table><br>Blank casing diameter... <u>8</u> .....in. Was casing pulled? Yes... <u>X</u> ... No..... If yes, how much... <u>36 ft.</u><br>Casing height <u>above</u> or below land surface... <u>12</u> .....in.                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                         |                             |                         | 1 Steel       | 3 RMP (SR)    | 5 Wrought          | 7 Fiberglass             | 9 Other (specify below) | 2 PVC       | 4 ABS                 | 6 Asbestos-Cement | 8 Concrete Tile          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 RMP (SR)                           | 5 Wrought               | 7 Fiberglass                | 9 Other (specify below) |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 ABS                                | 6 Asbestos-Cement       | 8 Concrete Tile             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other.....<br>Grout Plug Intervals: From.....ft. to <u>3</u> .....ft., From.....ft. to .....ft., From..... 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><u>open field</u></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><br>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 | <u>open field</u> | 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   | <u>open field</u>           |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 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>36</td> <td>7</td> <td>gravel</td> </tr> <tr> <td>7</td> <td>3</td> <td>bentonite</td> </tr> <tr> <td>3</td> <td>0</td> <td>top 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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>                                                                                                                                                                                                                                                                         |                                      |                         |                             |                         | FROM          | TO            | PLUGGING MATERIALS | 36                       | 7                       | gravel      | 7                     | 3                 | bentonite                | 3               | 0                      | top soil |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO                                   | PLUGGING MATERIALS      |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7                                    | gravel                  |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3                                    | bentonite               |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                    | top soil                |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                         |                             |                         |               |               |                    |                          |                         |             |                       |                   |                          |                 |                        |          |                 |            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                   |                      |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-12-96</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> ..... This Water Well Record was completed on (mo/day/year) <u>7-17-96</u> ..... under the business name of <u>Wenger Drilling Inc.</u><br>by (signature) <u>Michael Becker</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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.