

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LOCATION OF WATER WELL: #4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fraction                                                                                     | Section Number           | Township Number         | Range Number |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | County: Sedgwick                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NW <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub> NE <sup>1</sup> / <sub>4</sub> | 26                       | 27                      | 1W           |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| Distance and direction from nearest town or city street address of well if located within city?<br>4844 W. Kellogg, Wichita, KS.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WATER WELL OWNER: Former: KDOT      Current: Blockbuster Music<br>RR#, St. Address, Box #: Docking Bldg. (KDOT)      Board of Agriculture, Division of Water Resources<br>City, State, ZIP Code : Topeka, KS 66612      Application Number: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">S</td> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> <td style="text-align: center;">S</td> </tr> </table>                                                                                                                                                                                                                 |                                                                                              |                          |                         |              |               | N             | W                  | E                        | X                       | S            | W                     | E                 | S                        | 4 DEPTH OF WELL.....ft. 16<br>WELL'S STATIC WATER LEVEL.....ft. 14<br>WELL WAS USED AS: 10(Monitor Well #4)<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> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | E                                                                                            | X                        |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 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: 2<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> Blank casing diameter.....2 in.      Was casing pulled? Yes..... No.. <u>X</u> ... If yes, how much.....<br>Casing height above or below land surface.....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: 2      From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.<br>TD to surface.<br>What is the nearest source of possible contamination: 2<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></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? ...North.....      How many feet? ...30 ft..... |                                                                                              |                          |                         |              | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy  | 12 Fertilizer storage |                   | 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                                                                        |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 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>TD</td> <td>surface</td> <td>Cement grout</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                          |                         |              | FROM          | TO            | PLUGGING MATERIALS | TD                       | surface                 | Cement grout |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PLUGGING MATERIALS                                                                           |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| TD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Cement grout                                                                                 |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
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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).....11/5/97.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...NA..... This Water Well Record was completed on (mo/day/year).....11/12/97..... under the business name of Kansas Dept. of Transportation<br>by (signature) Kevin Adams, Environmental Geologist                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |
| 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.                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              |                          |                         |              |               |               |                    |                          |                         |              |                       |                   |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |  |                 |                       |                         |              |                          |                    |                      |                        |                   |              |                    |               |