

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|---------------------------------------------------|--|------------------------------|--|--------------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Fraction: <u>SW 1/4 NE 1/4 NE 1/4</u>                                                                                                                                                                 |  | Section Number: <u>19</u> |  | Township Number: <u>T 27 S</u>                    |  | Range Number: <u>R 1 E/W</u> |  |                    |  |
| County: <u>Sedgewick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>2002 Parkdale Ct.</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| 2 WATER WELL OWNER: <u>Tony</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| RR#, St. Address, Box # : <u>2002 Parkdale Ct</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                       |  |                           |  | Board of Agriculture, Division of Water Resources |  |                              |  |                    |  |
| City, State, ZIP Code : <u>Wichita, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                       |  |                           |  | Application Number:                               |  |                              |  |                    |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION:                                                                                                                                                   |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Depth(s) Groundwater Encountered <u>1-25</u> ft. 2. ft. 3. ft.                                                                                                                                        |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr                                                                                                                      |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                          |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Est. Yield <u>25</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Bore Hole Diameter <u>10</u> in. to _____ ft., and _____ in. to _____ ft.                                                                                                                             |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | WELL WATER TO BE USED AS:                                                                                                                                                                             |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 1 Domestic    3 Feedlot    6 Oil field water supply    9 Dewatering    11 Injection well<br>2 Irrigation    4 Industrial <u>7 Lawn and garden only</u> 10 Monitoring well    12 Other (Specify below) |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> ; If yes, mo/day/yr sample was sub-<br>mitted _____                                                              |  |                           |  |                                                   |  |                              |  |                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Water Well Disinfected? Yes <u>✓</u> No _____                                                                                                                                                         |  |                           |  |                                                   |  |                              |  |                    |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| 1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <u>✓</u> Clamped _____<br><u>2 PVC</u> 4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded _____<br>7 Fiberglass    Threaded _____                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| Blank casing diameter <u>6</u> in. to <u>2</u> ft., Dia <u>5</u> in. to <u>60</u> ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No <u>SDR26</u>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| 1 Steel    3 Stainless steel    5 Fiberglass    8 RMP (SR)    10 Asbestos-cement<br>2 Brass    4 Galvanized steel    6 Concrete tile    9 ABS    11 Other (specify) _____<br>12 None used (open hole)                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped    8 Saw cut    11 None (open hole)<br>2 Louvered shutter    4 Key punched    6 Wire wrapped    9 Drilled holes<br>7 Torch cut    10 Other (specify) _____                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| SCREEN-PERFORATED INTERVALS: From <u>60</u> ft. to <u>80</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| Grout Intervals: From <u>2</u> ft. to <u>22</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank    4 Lateral lines    7 Pit privy    10 Livestock pens    14 Abandoned water well<br>2 Sewer lines    5 Cess pool    8 Sewage lagoon    11 Fuel storage    15 Oil well/Gas well<br>3 Watertight sewer lines    6 Seepage pit    9 Feedyard    12 Fertilizer storage    16 Other (specify below) <u>Retaining Pond</u><br>13 Insecticide storage |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| Direction from well? <u>East</u> How many feet? <u>300</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TO                                                                                                                                                                                                    |  | LITHOLOGIC LOG            |  | FROM                                              |  | TO                           |  | PLUGGING INTERVALS |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <u>2</u>                                                                                                                                                                                              |  | <u>Top Soil</u>           |  |                                                   |  |                              |  |                    |  |
| <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <u>25</u>                                                                                                                                                                                             |  | <u>Brown Clay</u>         |  |                                                   |  |                              |  |                    |  |
| <u>25</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <u>80</u>                                                                                                                                                                                             |  | <u>Brown Sand</u>         |  |                                                   |  |                              |  |                    |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-30-98</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| Water Well Contractor's License No. <u>464</u> This Water Well Record was completed on (mo/day/yr) <u>9-24-98</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |
| under the business name of <u>Water Well Services Inc.</u> by (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                       |  |                           |  |                                                   |  |                              |  |                    |  |