

20110606 MW-4

|                           |                             |                |                 |              |
|---------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number |
| County: <u>Sedgwick</u>   | <u>NE 1/4 NW 1/4 NE 1/4</u> | <u>35</u>      | <u>27S</u>      | <u>1W</u>    |

Distance and direction from nearest town or city street address of well if located within city?  
4425 W. Harry, Wichita

|                                                  |                                         |                                                   |
|--------------------------------------------------|-----------------------------------------|---------------------------------------------------|
| 2 WATER WELL OWNER: <u>Dondlinger &amp; Sons</u> | RR#, St. Address, Box #: <u>Box 398</u> | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code: <u>Wichita, KS 67201</u>  | Application Number:                     |                                                   |

|                                                                                                                                                                                                                                                                                                                    |                                           |                           |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
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| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                 | 4 DEPTH OF WELL..... <u>18.5</u> .....ft. |                           |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| <p>N</p> <table border="1"> <tr> <td></td> <td></td> <td>X</td> </tr> <tr> <td>N W</td> <td></td> <td>N E</td> </tr> <tr> <td>W</td> <td></td> <td>E</td> </tr> <tr> <td>S W</td> <td></td> <td>S E</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <p>S</p> |                                           |                           | X | N W |  | N E | W |  | E | S W |  | S E |  |  |  |  |  |  | <p>WELL'S STATIC WATER LEVEL...<u>10.4</u>.....ft.</p> <p>WELL WAS USED AS:</p> <table> <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><u>10 Monitoring Well</u></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> <p>Was a chemical/bacteriological sample submitted to Department? Yes....No <u>X</u>..<br/>         If yes, mo/day/yr sample was submitted.....</p> <p>Water Well Disinfected: Yes.....No <u>X</u>...</p> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <u>10 Monitoring Well</u> | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
|                                                                                                                                                                                                                                                                                                                    |                                           | X                         |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| N W                                                                                                                                                                                                                                                                                                                |                                           | N E                       |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| W                                                                                                                                                                                                                                                                                                                  |                                           | E                         |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| S W                                                                                                                                                                                                                                                                                                                |                                           | S E                       |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                    |                                           |                           |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
|                                                                                                                                                                                                                                                                                                                    |                                           |                           |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| 1 Domestic                                                                                                                                                                                                                                                                                                         | 5 Public Water Supply                     | 9 Dewatering              |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| 2 Irrigation                                                                                                                                                                                                                                                                                                       | 6 Oil Field Water Supply                  | <u>10 Monitoring Well</u> |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| 3 Feedlot                                                                                                                                                                                                                                                                                                          | 7 Lawn and Garden Only                    | 11 Injection Well         |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |
| 4 Industrial                                                                                                                                                                                                                                                                                                       | 8 Air Conditioning                        | 12 Other.....             |   |     |  |     |   |  |   |     |  |     |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                       |              |              |                          |                           |           |                        |                   |              |                    |               |

5 TYPE OF BLANK CASING USED:

|              |            |                   |                 |                         |
|--------------|------------|-------------------|-----------------|-------------------------|
| 1 Steel      | 3 RMP (SR) | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |
| <u>2 PVC</u> | 4 ABS      | 6 Asbestos-Cement | 8 Concrete Tile |                         |

Blank casing diameter...2.....in. Was casing pulled? Yes...X.. No..... If yes, how much...18.5 Ft  
 Casing height above or below land surface.....in. overdrilled

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From...2..ft. to...18.5..ft., From.....ft. to .....ft., From..... to .....ft.

What is the nearest source of possible contamination:

|                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | <u>11 Fuel storage</u>  | 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    |                          |

Direction from well? .....S..... How many feet? ....140.....

| FROM | TO   | PLUGGING MATERIALS |
|------|------|--------------------|
| 0    | 2    | Soil               |
| 2    | 18.5 | Bentonite          |
|      |      |                    |
|      |      |                    |
|      |      |                    |
|      |      |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....5/14/00..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....531..... This Water Well Record was completed on (mo/day/year) ....6/2/00..... under the business name of ....Geotechnical Services, Inc...... by (signature) ..David Dondlinger.....

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.