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| <b>1 LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u> | Fraction <u>NE</u> <u>SE</u><br><u>1/4</u> <u>1/4</u> <u>1/4</u> | Section Number <u>20</u> | Township Number <u>27S</u> | Range Number <u>1W</u> |
|-------------------------------------------------------------|------------------------------------------------------------------|--------------------------|----------------------------|------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
See below

|                                                                                                                                                     |                                                                                |
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| <b>2 WATER WELL OWNER:</b> <u>Darrell Wentz</u><br>RR #, St. Address, Box #: <u>219 N. Wood</u><br>City, State, ZIP Code : <u>Wichita, KS 67212</u> | Board of Agriculture, Division of Water Resources<br>Application Number: _____ |
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| <b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> <p>N</p> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:25%;">NW</td> <td style="width:25%;"></td> <td style="width:25%;">NE</td> <td style="width:25%;"></td> </tr> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td style="width:25%;">SW</td> <td style="width:25%;"></td> <td style="width:25%;">SE</td> <td style="width:25%;"></td> </tr> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> <p style="text-align: center;">S</p> </div> | NW                         |                    | NE |  |  |  |  |  | SW |  | SE |  |  |  |  |  | <b>4 DEPTH OF WELL</b> <u>52</u> ft.<br><b>WELL'S STATIC WATER LEVEL</b> <u>20</u> ft.<br><b>WELL WAS USED AS:</b> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</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 <u>X</u> No _____</p> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other _____ |
| NW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | NE                 |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                    |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
| SW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            | SE                 |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            |                    |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 Public Water Supply      | 9 Dewatering       |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 6 Oil Field Water Supply   | 10 Monitoring Well |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7 Domestic (Lawn & Garden) | 11 Injection Well  |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 Air Conditioning         | 12 Other _____     |    |  |  |  |  |  |    |  |    |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                       |              |              |                          |                    |           |                            |                   |              |                    |                |

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| <b>5 TYPE OF BLANK CASING USED:</b><br>1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)<br>2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile | Blank casing diameter <u>6</u> in.    Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____<br>Casing height above or below land surface _____ in. |
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| <b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement    2 Cement grout    3 Bentonite    4 Other _____<br>Grout Plug Intervals:    From <u>20</u> ft. to <u>0</u> ft.,    From _____ ft. to _____ ft.,    From _____ ft. to _____ ft. | What is the nearest source of possible contamination:<br>1 Septic tank    6 Seepage pit    11 Fuel storage    16 Other (specify below) <u>house</u><br>2 Sewer lines    7 Pit privy    12 Fertilizer storage<br>3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage<br>4 Lateral lines    9 Feedyard    14 Abandoned water well<br>5 Cess Pool    10 Livestock pens    15 Oil well/Gas well |
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Direction from well? west    How many feet? 3

| FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|
| 52   | 20 | gravel             |
| 20   | 0  | cement             |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |
|      |    |                    |

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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3-19-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/year) <u>3-20-01</u> under the business name of <u>Weninger Drilling Inc.</u><br>by (signature) <u>Michael Gorske</u> | _____ |
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**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.