

| 1 LOCATION OF WATER WELL:<br>County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Fraction<br><b>SE 1/4 SW 1/4 SW 1/4</b> | Section Number<br><b>24</b><br><del>25</del> | Township Number<br><b>R27S</b> | Range Number<br><b>R1W</b> |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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| Distance and direction from nearest town or city street address of well if located within city?<br><b>basement 206 S. Kessler, Wichita, KS 67213</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 WATER WELL OWNER:<br><b>Phyllis Trissal, Exec. Elmer Travis Est.</b><br>RR#, St. Address, Box #: <b>4830 Alexander</b><br>City, State, ZIP Code: <b>Wichita 67204</b><br>Board of Agriculture, Division of Water Resources<br>Application Number: <b>Unknown</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>N<br><table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>S W</td><td colspan="2">S E</td><td></td></tr> <tr><td>X</td><td></td><td></td><td></td></tr> <tr><td colspan="2">S</td><td colspan="2"></td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | N W                                          |                                | N E                        |               | W             |                    |                          | E                       |               |                       |                   |                           | S W             | S E                    |  |                 | X          |                         |  |             | S                 |                      |  |  | 4 DEPTH OF WELL.....ft.<br>WELL'S STATIC WATER LEVEL.....ft.<br>WELL WAS USED AS:<br><table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table><br>Was a chemical/bacteriological sample submitted to Department? Yes....No...<br>If yes, mo/day/yr sample was submitted.....<br>Water Well Disinfected: Yes...No..... |  |  | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Lawn and Garden Only | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other..... |
| N W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | N E                                          |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                              | E                              |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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| S W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S E                                     |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5 Public Water Supply                   | 9 Dewatering                                 |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6 Oil Field Water Supply                | 10 Monitoring Well                           |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7 Lawn and Garden Only                  | 11 Injection Well                            |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8 Air Conditioning                      | 12 Other.....                                |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 5 TYPE OF BLANK CASING USED:<br><table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table><br>Blank casing diameter... <b>1.14</b> ...in.      Was casing pulled? Yes..... No..... 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 <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other.....<br>Grout Plug Intervals: From <b>1.7</b> ft. to <b>1.1</b> ft., From <b>1</b> ft. to <b>0</b> ft., From..... to.....ft.<br>What is the nearest source of possible contamination:<br><table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><b>treatment</b></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table><br>Direction from well? ... <b>SOUTH</b> .....      How many feet? ... <b>5 ft</b> ..... |                                         |                                              |                                |                            | 1 Septic tank | 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines           | 7 Pit privy   | 12 Fertilizer storage | <b>treatment</b>  | 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                        | <b>treatment</b>               |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 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><b>1</b></td> <td><b>8</b></td> <td><b>Cement</b></td> </tr> <tr> <td><b>17</b></td> <td><b>1</b></td> <td><b>Bentonite / bleach</b></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 | <b>1</b>                 | <b>8</b>                | <b>Cement</b> | <b>17</b>             | <b>1</b>          | <b>Bentonite / bleach</b> |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO                                      | PLUGGING MATERIALS                           |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>8</b>                                | <b>Cement</b>                                |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| <b>17</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1</b>                                | <b>Bentonite / bleach</b>                    |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ... <b>7/7/01</b> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's license No. <b>630</b> This Water Well Record was completed on (mo/day/year) ... <b>7/7/01</b> ... under the business name of <b>J.M. ENTERPRISES</b><br>by (signature) <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                              |                                |                            |               |               |                    |                          |                         |               |                       |                   |                           |                 |                        |  |                 |            |                         |  |             |                   |                      |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |            |                       |              |              |                          |                    |           |                        |                   |              |                    |               |