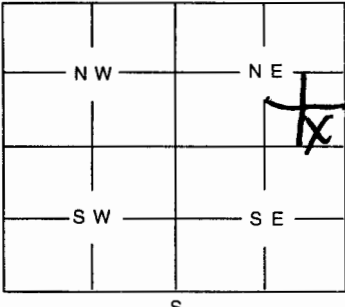


| 1 LOCATION OF WATER WELL:<br>County: <u>Goodrich</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fraction <u>SE 1/4 SE 1/4 NE 1/4</u> | Section Number <u>23</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Township Number <u>27</u> | Range Number <u>1 W</u>                        |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------|---------------------------------------------|-----------------------|--------------------|--------------------------|------------------------------------------------|---------------------|-----------------------|----------------------------|-----------------------------------------------------------|-----------------|------------------------|----------|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|
| Distance and direction from nearest town or city street address of well if located within city?<br><u>4142 W 2nd</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 WATER WELL OWNER: <u>Mrs Lupton</u><br>RR #, St. Address, Box #: <u>4142 W 2nd</u><br>City, State, ZIP Code: <u>Wichita, KS</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>none</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center; margin-top: 10px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | 4 DEPTH OF WELL <u>25</u> ft.<br>WELL'S STATIC WATER LEVEL <u>10</u> ft.<br>WELL WAS USED AS:<br><table style="width:100%;"><tr><td><input checked="" type="radio"/> 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><br>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> .....<br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes ..... No <u>X</u> ..... |                           |                                                | <input checked="" type="radio"/> 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 |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | <input checked="" type="radio"/> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br><table style="width:100%;"><tr><td><input checked="" type="radio"/> 1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below) <u>Land Point well</u></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 <u>1 1/4</u> in. Was casing pulled? Yes <u>X</u> No ..... If yes, how much <u>10'</u><br>Casing height above or below land surface ..... in.                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                | <input checked="" type="radio"/> 1 Steel    | 3 RMP (SR)            | 5 Wrought          | 7 Fiberglass             | 9 Other (Specify below) <u>Land Point well</u> | 2 PVC               | 4 ABS                 | 6 Asbestos-Cement          | 8 Concrete Tile                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <input checked="" type="radio"/> 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3 RMP (SR)                           | 5 Wrought                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7 Fiberglass              | 9 Other (Specify below) <u>Land Point well</u> |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 4 ABS                                | 6 Asbestos-Cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8 Concrete Tile           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="radio"/> 2 Cement grout 3 Bentonite 4 Other .....<br>Grout Plug Intervals: From <u>25</u> ft. to <u>0</u> ft., From ..... ft. to ..... ft., From ..... ft. 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></td></tr><tr><td><input checked="" type="radio"/> 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? <u>north</u> How many feet? <u>25</u> |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                | 1 Septic tank                               | 6 Seepage pit         | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines                                  | 7 Pit privy         | 12 Fertilizer storage |                            | <input checked="" type="radio"/> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <input checked="" type="radio"/> 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><u>25</u></td><td><u>0</u></td><td><u>Cement grout</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                | FROM                                        | TO                    | PLUGGING MATERIALS | <u>25</u>                | <u>0</u>                                       | <u>Cement grout</u> |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO                                   | PLUGGING MATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <u>25</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>0</u>                             | <u>Cement grout</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12-16-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/year) <u>12-16-05</u> under the business name of <u>Bearden Pump &amp; Well</u> by (signature) <u>David Bearden</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                |                                             |                       |                    |                          |                                                |                     |                       |                            |                                                           |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |