

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                      | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                       | Fraction                    | Section                                                                | Number                      | Township   | Number | Range    | Number    |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|-----------------------------|------------|--------|----------|-----------|------|----|--------------------|-----------|----------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        | County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                       | <u>NW 1/4 SE 1/4 NW 1/4</u> | <u>35</u>                                                              |                             | <u>27S</u> |        | <u>1</u> | <u>EW</u> |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 WATER WELL OWNER: <u>Ben Meyer</u>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #: <u>4900 W Esthner</u>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code: <u>Wichita, KS</u>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                              |                             | 4                                                                      | DEPTH OF WELL <u>30</u> ft. |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align:center">N<br/>W      E<br/>SW      SE<br/>S</div>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | WELL'S STATIC WATER LEVEL <u>12</u> ft.                                |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | WELL WAS USED AS:                                                      |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | 1 Domestic      5 Public Water Supply      9 Dewatering                |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | 2 <u>Irrigation</u> 6 Oil Field Water Supply      10 Monitoring Well   |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | 3 Feedlot      7 <u>Domestic (Lawn &amp; Garden)</u> 11 Injection Well |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             | 4 Industrial      8 Air Conditioning      12 Other _____               |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| If yes, mo/day/yr sample was submitted _____                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Well Disinfected: Yes <u>X</u> No _____                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 <u>Steel</u> 3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) _____                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile      _____                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>2</u> in.      Was casing pulled? Yes <u>X</u> No _____      If yes, how much <u>5 ft</u>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above or below land surface <u>5 ft</u> in.                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                      | GROUT PLUG MATERIAL: 1 Neat cement      2 Cement grout      3 <u>Bentonite</u> 4 Other _____                                                                                                                                                                                                                                                                                                                                  |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals: From <u>30</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Septic tank      6 Seepage pit      11 Fuel storage      16 Other (specify below) _____                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Sewer lines      7 Pit privy      12 Fertilizer storage      _____                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 <u>Watertight sewer lines</u> 8 Sewage lagoon      13 Insecticide storage      _____                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Lateral lines      9 Feedyard      14 Abandoned water well      _____                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Cess pool      10 Livestock pens      15 Oil well/Gas well      _____                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <u>South</u> How many feet? <u>15 ft</u>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><u>30</u></td><td><u>0</u></td><td><u>Bentonite</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>30</u> | <u>0</u> | <u>Bentonite</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO                                                                                                                                                                                                                                                                                                                                                                                                                            | PLUGGING MATERIALS          |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Bentonite</u>            |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>4-5-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4-7-06</u> under the business name of <u>Weninger Drilling Inc.</u> This Water Well Record was completed on (mo/day/year) _____ by (signature) <u>[Signature]</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.                                        |                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                                                        |                             |            |        |          |           |      |    |                    |           |          |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |