

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Fraction                                                                                                                                                                                                                                                         | Section Number                                                                                                                                                                   |    | Township Number    | Range Number |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>nw ¼ se ¼ nw ¼</b> | <b>8</b>                                                                                                                                                                                                                                                         | <b>T 27s S R 1w E/W</b>                                                                                                                                                          |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>9822 W 18<sup>th</sup> Ct N</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                                                                                                  | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Datum: _____<br>Data Collection Method: _____ |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER:</b> <b>Carol Migraill</b><br>RR#, St. Address, Box # : <b>9822 W 18<sup>th</sup> Ct N</b><br>City, State, ZIP Code : <b>Wichita, Ks 67235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | <b>4 DEPTH OF COMPLETED WELL</b> <b>60</b> ft.                                                                                                                                                                                                                   |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Depth(s) Groundwater Encountered _____ ft. _____ ft. _____ ft.                                                                                                                                                                                                   |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | WELL'S STATIC WATER LEVEL <b>15</b> ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield <b>25</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm       |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <b>(7)</b> Domestic (lawn & garden) 10 Monitoring well |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>x</b> ; If yes, mo/day/yrs<br>Sample was submitted _____ Water Well Disinfected? Yes <b>x</b> No _____                                                                            |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                                                                                                                                                                                  | <b>CASING JOINTS:</b>                                                                                                                                                            |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1 Steel</b> <b>3 RMP (SR)</b> <b>6 Asbestos-Cement</b><br><b>(2) PVC</b> <b>4 ABS</b> <b>7 Fiberglass</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                  | <b>8 Concrete tile</b> Glued <b>x</b> Clamped<br><b>9 Other (specify below)</b> Welded<br>Threaded                                                                               |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <b>5</b> in. to <b>54</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft. Wall thickness or gauge No. <b>160psi</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1 Steel</b> <b>3 Stainless steel</b> <b>5 Fiberglass</b> <b>(7) PVC</b> <b>9 ABS</b> <b>11 Other (specify)</b><br><b>2 Brass</b> <b>4 Galvanized steel</b> <b>6 Concrete tile</b> <b>8 RM (SR)</b> <b>10 Asbestos-Cement</b> <b>12 None used (open hole)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1 Continuous slot</b> <b>(3) Mill slot</b> <b>5 Gauge wrapped</b> <b>7 Torch cut</b> <b>9 Drilled holes</b> <b>11 None (open hole)</b><br><b>2 Louvered shutter</b> <b>4 Key punched</b> <b>6 Wire wrapped</b> <b>8 Saw Cut</b> <b>10 Other (specify)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From <b>54</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GRAVEL PACK INTERVALS: From <b>20</b> ft. to <b>60</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> <b>1 Neat cement</b> <b>2 Cement grout</b> <b>(3) Bentonite</b> <b>4 Other</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Intervals From <b>3</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1 Septic tank</b> <b>4 Lateral lines</b> <b>7 Pit privy</b> <b>10 Livestock pens</b> <b>13 Insecticide Storage</b> <b>16 Other (specify below)</b><br><b>2 Sewer lines</b> <b>5 Cess pool</b> <b>8 Sewage lagoon</b> <b>11 Fuel storage</b> <b>14 Abandoned water well</b><br><b>x 3 Watertight sewer lines</b> <b>6 Seepage pit</b> <b>9 Feedyard</b> <b>12 Fertilizer storage</b> <b>15 Oil well/ gas well</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <b>North</b> How many feet? <b>12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td><b>1</b></td> <td><b>Top soil</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>1</b></td> <td><b>7</b></td> <td><b>Clay</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>7</b></td> <td><b>38</b></td> <td><b>Med sand</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>38</b></td> <td><b>40</b></td> <td><b>Clay</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>40</b></td> <td><b>52</b></td> <td><b>Med sand</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>52</b></td> <td><b>60</b></td> <td><b>gravel</b></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <b>0</b> | <b>1</b> | <b>Top soil</b> |  |  |  | <b>1</b> | <b>7</b> | <b>Clay</b> |  |  |  | <b>7</b> | <b>38</b> | <b>Med sand</b> |  |  |  | <b>38</b> | <b>40</b> | <b>Clay</b> |  |  |  | <b>40</b> | <b>52</b> | <b>Med sand</b> |  |  |  | <b>52</b> | <b>60</b> | <b>gravel</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TO                    | LITHOLOGIC LOG                                                                                                                                                                                                                                                   | FROM                                                                                                                                                                             | TO | PLUGGING INTERVALS |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1</b>              | <b>Top soil</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>              | <b>Clay</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>38</b>             | <b>Med sand</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>38</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>40</b>             | <b>Clay</b>                                                                                                                                                                                                                                                      |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>40</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>52</b>             | <b>Med sand</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>52</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>60</b>             | <b>gravel</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>(1)</b> constructed, <b>(2)</b> reconstructed, or <b>(3)</b> plugged under my jurisdiction and was completed on (mo/day/year) <b>7-16-09</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>740</b> . This Water Well Record was completed on (mo/day/year) <b>8-5-09</b><br>under the business name of <b>Weninger Drilling Inc.</b> by (signature) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Please fill in blanks 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., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                                                                                                                                                  |                                                                                                                                                                                  |    |                    |              |      |    |                |      |    |                    |          |          |                 |  |  |  |          |          |             |  |  |  |          |           |                 |  |  |  |           |           |             |  |  |  |           |           |                 |  |  |  |           |           |               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |