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| 1 LOCATION OF WATER WELL:<br>County: <u>sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | Fraction<br><u>nw 1/4 ne 1/4 se 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Section Number<br><u>9</u> | Township Number<br><u>T 27 S</u> | Range Number<br><u>R 1 W E/W</u> |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1718 Northwest Parkway Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 2 WATER WELL OWNER: <u>Don Kind</u><br>RR#, St. Address, Box # : <u>1718 Northwest Parkway</u><br>City, State, ZIP Code : <u>Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    | 4 DEPTH OF COMPLETED WELL: <u>65</u> ft. ELEVATION:<br>Depth(s) Groundwater Encountered 1. <u>21</u> ft. 2. <u>21</u> ft. 3. <u>21</u> ft.<br>WELL'S STATIC WATER LEVEL <u>21</u> ft. below land surface measured on mo/day/yr <u>4-6-85</u><br>Pump test data: Well water was <u>21</u> ft. after <u>4-6-85</u> hours pumping <u>21</u> gpm<br>Est. Yield <u>21</u> gpm: Well water was <u>21</u> ft. after <u>4-6-85</u> hours pumping <u>21</u> gpm<br>Bore Hole Diameter <u>11</u> in. to <u>11</u> ft., and <u>11</u> in. to <u>11</u> ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes <u>XX</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <u>XX</u> No <u>X</u> |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br>1 Steel <u>3 RMP (SR)</u> 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped <u>XX</u><br>2 PVC <u>4 ABS</u> 6 Asbestos-Cement 9 Other (specify below) Welded <u>XX</u><br>Blank casing diameter <u>5</u> in. to <u>45</u> ft., Dia <u>5</u> in. to <u>45</u> ft., Dia <u>5</u> in. to <u>45</u> ft.<br>Casing height above land surface <u>1.2</u> in., weight <u>1.59</u> lbs./ft. Wall thickness or gauge No. <u>203</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass <u>8 RMP (SR)</u> 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) <u>XX</u><br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 <u>Saw cut</u> 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) <u>XX</u><br>SCREEN-PERFORATED INTERVALS: From <u>45</u> ft. to <u>65</u> ft., From <u>45</u> ft. to <u>65</u> ft., From <u>45</u> ft. to <u>65</u> ft.<br>GRAVEL PACK INTERVALS: From <u>14</u> ft. to <u>65</u> ft., From <u>14</u> ft. to <u>65</u> ft., From <u>14</u> ft. to <u>65</u> ft. |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other <u>XX</u><br>Grout Intervals: From <u>4</u> ft. to <u>14</u> ft., From <u>4</u> ft. to <u>14</u> ft., From <u>4</u> ft. to <u>14</u> ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)<br>Direction from well? <u>North</u> How many feet? <u>28</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| <table><tr><td>FROM</td><td>TO</td><td>LITHOLOGIC LOG</td><td>FROM</td><td>TO</td><td>LITHOLOGIC LOG</td></tr><tr><td>0</td><td>3</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>3</td><td>18</td><td>Clay</td><td></td><td></td><td></td></tr><tr><td>18</td><td>32</td><td>Fine Sand</td><td></td><td></td><td></td></tr><tr><td>32</td><td>65</td><td>Medium Sand</td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  | FROM | TO | LITHOLOGIC LOG | FROM | TO | LITHOLOGIC LOG | 0 | 3 | Topsoil |  |  |  | 3 | 18 | Clay |  |  |  | 18 | 32 | Fine Sand |  |  |  | 32 | 65 | Medium Sand |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TO | LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FROM                       | TO                               | LITHOLOGIC LOG                   |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3  | Topsoil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18 | Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 32 | Fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 65 | Medium Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-6-85</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>236</u> This Water Well Record was completed on (mo/day/yr) <u>6-8-85</u> under the business name of <u>Harp Well &amp; Pump Service, Inc.</u> by (signature) <u>Mary Arnold</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                            |                                  |                                  |      |    |                |      |    |                |   |   |         |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |             |  |  |  |