

|                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------|----------------|-----------------------------|--------------------------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                       |    | Fraction                                                                                               | Section Number | Township Number             | Range Number                         |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                         |    | <u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$                                | <u>20</u>      | <u>T</u> <u>27</u> <u>S</u> | <u>R</u> <u>1W</u> <u>E/W</u>        |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| <u>409 North Westlink Drive Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| 2 WATER WELL OWNER: <u>Holyoak, Dale</u>                                                                                                                                                                                                                                                                                                                        |    |                                                                                                        |                |                             |                                      |
| RR#, St. Address, Box #: <u>409 N. Westlink</u>                                                                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| City, State, ZIP Code: <u>Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                   |    |                                                                                                        |                |                             |                                      |
| Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                               |    |                                                                                                        |                |                             |                                      |
| Application Number: _____                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                        |                |                             |                                      |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                            |    | 4 DEPTH OF COMPLETED WELL: <u>25</u> ft. ELEVATION: <u>FROM BASEMENT FLOOR</u>                         |                |                             |                                      |
| <div style="text-align: center;"><p>1 Mile</p></div>                                                                                                                                                                                                                                                                                                            |    | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.                                |                |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                                 |    | WELL'S STATIC WATER LEVEL <u>20</u> ft. below land surface measured on <u>mo/day/yr</u> <u>5-20-91</u> |                |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                           |                |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                     |                |                             |                                      |
|                                                                                                                                                                                                                                                                                                                                                                 |    | Bore Hole Diameter <u>unknown</u> in. to _____ ft., and _____ in. to _____ ft.                         |                |                             |                                      |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                       |    |                                                                                                        |                |                             |                                      |
| 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                        |    |                                                                                                        |                |                             |                                      |
| 7 Lawn and garden only 10 Monitoring well                                                                                                                                                                                                                                                                                                                       |    |                                                                                                        |                |                             |                                      |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| Water Well Disinfected? Yes <u>X</u> No _____                                                                                                                                                                                                                                                                                                                   |    |                                                                                                        |                |                             |                                      |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                        |                |                             |                                      |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____                                                                                                                                                                                                                                                                      |    |                                                                                                        |                |                             |                                      |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____                                                                                                                                                                                                                                                                                              |    |                                                                                                        |                |                             |                                      |
| 7 Fiberglass _____ Threaded _____                                                                                                                                                                                                                                                                                                                               |    |                                                                                                        |                |                             |                                      |
| Blank casing diameter <u>1 1/2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                     |    |                                                                                                        |                |                             |                                      |
| Casing height <u>BELOW BASEMENT FLOOR</u> <u>60</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                |    |                                                                                                        |                |                             |                                      |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |    |                                                                                                        |                |                             |                                      |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement                                                                                                                                                                                                                                                                                            |    |                                                                                                        |                |                             |                                      |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____                                                                                                                                                                                                                                                                                       |    |                                                                                                        |                |                             |                                      |
| 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                        |    |                                                                                                        |                |                             |                                      |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                             |    |                                                                                                        |                |                             |                                      |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                                                                                    |    |                                                                                                        |                |                             |                                      |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| 7 Torch cut 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                            |    |                                                                                                        |                |                             |                                      |
| SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                           |    |                                                                                                        |                |                             |                                      |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                        |    |                                                                                                        |                |                             |                                      |
| GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                 |    |                                                                                                        |                |                             |                                      |
| From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                        |    |                                                                                                        |                |                             |                                      |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____                                                                                                                                                                                                                                                                                        |    |                                                                                                        |                |                             |                                      |
| Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                          |    |                                                                                                        |                |                             |                                      |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                           |    |                                                                                                        |                |                             |                                      |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well                                                                                                                                                                                                                                                                             |    |                                                                                                        |                |                             |                                      |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                                  |    |                                                                                                        |                |                             |                                      |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                                                                                |    |                                                                                                        |                |                             |                                      |
| 13 Insecticide storage _____                                                                                                                                                                                                                                                                                                                                    |    |                                                                                                        |                |                             |                                      |
| Direction from well? <u>North</u> How many feet? <u>75</u>                                                                                                                                                                                                                                                                                                      |    |                                                                                                        |                |                             |                                      |
| FROM                                                                                                                                                                                                                                                                                                                                                            | TO | LITHOLOGIC LOG                                                                                         | FROM           | TO                          | PLUGGING INTERVALS                   |
|                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                        | <u>0</u>       | <u>3</u>                    | <u>cement grout</u>                  |
|                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                        | <u>3</u>       | <u>21</u>                   | <u>bentonite hole plug</u>           |
|                                                                                                                                                                                                                                                                                                                                                                 |    |                                                                                                        | <u>21</u>      | <u>25</u>                   | <u>chlorinated sand &amp; gravel</u> |
| 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>5-20-91</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>6-14-91</u>                                                                                                                                                                                                                                               |    |                                                                                                        |                |                             |                                      |
| under the business name of <u>Harp Well and 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, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |    |                                                                                                        |                |                             |                                      |