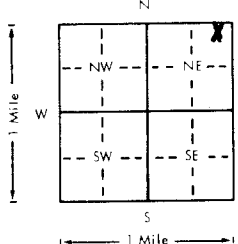


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                         |                             |                                  |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|-----------------------------|----------------------------------|-------------------------------|
| 1 LOCATION OF WATER WELL<br>County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Fraction<br><b>NE 1/4 NE 1/4 NE 1/4</b> | Section Number<br><b>29</b> | Township Number<br><b>T 27 S</b> | Range Number<br><b>R 1 EW</b> |
| Distance and direction from nearest town or city? <b>8825 W. MAPLE WICHITA, KANSAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                         |                             |                                  |                               |
| 2 WATER WELL OWNER: <b>MID-CONTINENT CONST INC</b><br>RR#, St. Address, Box #: <b>133 SO. OAKWOOD</b><br>City, State, ZIP Code: <b>WICHITA, KANSAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                         |                             |                                  |                               |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                         |                             |                                  |                               |
| 3 DEPTH OF COMPLETED WELL: <b>130</b> ft. Bore Hole Diameter: <b>11</b> in. to ..... ft., and ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                         |                             |                                  |                               |
| Well Water to be used as:<br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public water supply <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Observation well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below)                                                                                                                                                                                                     |  |                                         |                             |                                  |                               |
| Well's static water level: <b>28</b> ft. below land surface measured on <b>12</b> month <b>5</b> day <b>79</b> year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                         |                             |                                  |                               |
| Pump Test Data<br>Est. Yield gpm: ..... Well water was ..... ft. after ..... hours pumping ..... gpm<br>Well water was ..... ft. after ..... hours pumping ..... gpm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                         |                             |                                  |                               |
| 4 TYPE OF BLANK CASING USED:<br>1 Steel <input type="checkbox"/> 2 PVC <input type="checkbox"/> 3 <b>RMP (SR)</b> <input checked="" type="checkbox"/> 4 ABS <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) <input type="checkbox"/>                                                                                                                                                                                                                    |  |                                         |                             |                                  |                               |
| Blank casing dia: <b>5</b> in. to <b>100</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                         |                             |                                  |                               |
| Casing height above land surface: <b>12</b> in., weight ..... lbs./ft. Wall thickness or gauge No. <b>1200</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                         |                             |                                  |                               |
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 PVC <input type="checkbox"/> 8 <b>RMP (SR)</b> <input checked="" type="checkbox"/> 9 ABS <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 11 Other (specify) <input type="checkbox"/> 12 None used (open hole) <input type="checkbox"/>                                                                                                                                                                                                                     |  |                                         |                             |                                  |                               |
| Screen or Perforation Openings Are:<br>1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw cut <input checked="" type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/>                                                                                                                                                                                                                                                     |  |                                         |                             |                                  |                               |
| Screen-Perforation Dia: <b>5</b> in. to <b>120</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                         |                             |                                  |                               |
| Screen-Perforated Intervals: From <b>100</b> ft. to <b>120</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                         |                             |                                  |                               |
| Gravel Pack Intervals: From <b>14</b> ft. to <b>120</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                         |                             |                                  |                               |
| 5 GROUT MATERIAL: 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                         |                             |                                  |                               |
| Grouted Intervals: From <b>40"</b> ft. to <b>14</b> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                         |                             |                                  |                               |
| What is the nearest source of possible contamination:<br>1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Lateral lines <input type="checkbox"/> 4 Cess pool <input type="checkbox"/> 5 Seepage pit <input type="checkbox"/> 6 Pit privy <input type="checkbox"/> 7 Sewage lagoon <input type="checkbox"/> 8 Feed yard <input type="checkbox"/> 9 Livestock pens <input type="checkbox"/> 10 Fuel storage <input type="checkbox"/> 11 Fertilizer storage <input type="checkbox"/> 12 Insecticide storage <input type="checkbox"/> 13 Watertight sewer lines <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> |  |                                         |                             |                                  |                               |
| Direction from well: ..... How many feet: ..... ? Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                         |                             |                                  |                               |
| Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date sample was submitted: ..... month ..... day ..... year: Pump Installed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                         |                             |                                  |                               |
| If Yes: Pump Manufacturer's name: <b>JACUZZI</b> Model No. <b>754C</b> HP <b>3/4</b> Volts <b>230</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                         |                             |                                  |                               |
| Depth of Pump Intake: <b>50</b> ft. Pumps Capacity rated at: <b>18</b> gal./min.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                         |                             |                                  |                               |
| Type of pump: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> 2 Turbine <input type="checkbox"/> 3 Jet <input type="checkbox"/> 4 Centrifugal <input type="checkbox"/> 5 Reciprocating <input type="checkbox"/> 6 Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                         |                             |                                  |                               |
| 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on <b>12</b> month <b>5</b> day <b>79</b> year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                         |                             |                                  |                               |
| and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>236</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                         |                             |                                  |                               |
| This Water Well Record was completed on <b>2</b> month <b>7</b> day <b>1980</b> year under the business name of <b>HARP WELL &amp; PUMP SERVICE INC.</b> by (Signature) <b>M. Arnold</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                         |                             |                                  |                               |
| 7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                         |                             |                                  |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                         |                             |                                  |                               |
| FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                         |                             |                                  |                               |
| 0 3 TOPSOIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                         |                             |                                  |                               |
| 3 23 CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                         |                             |                                  |                               |
| 23 35 FINE SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                         |                             |                                  |                               |
| 35 51 MED SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                         |                             |                                  |                               |
| 51 64 FINE SAND & CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                         |                             |                                  |                               |
| 64 68 CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                         |                             |                                  |                               |
| 68 93 FINE SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                         |                             |                                  |                               |
| 93 120 MED SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                         |                             |                                  |                               |
| ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                         |                             |                                  |                               |
| Depth(s) Groundwater Encountered 1. <b>28</b> ft. 2. .... ft. 3. .... ft. 4. .... ft. (Use a second sheet if needed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                         |                             |                                  |                               |
| 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, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                         |                             |                                  |                               |