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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------|--|-----------------------|--|------------------------|--|---------------------|--|--------------------|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                |  | <b>Fraction</b>                                                                                  |  | <b>Section Number</b> |  | <b>Township Number</b> |  | <b>Range Number</b> |  |                    |  |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                         |  | NE 1/4 NW 1/4 NE 1/4                                                                             |  | 30                    |  | T 27 S                 |  | R 1W E/W            |  |                    |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>10802 W. Kent Wichita, Kansas</u>                                                                                                                                                                                                                         |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| <b>2 WATER WELL OWNER:</b> <u>Tuxhorn, Dave</u>                                                                                                                                                                                                                                                                                                                 |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| RR#, St. Address, Box # : <u>10802 W. Kent</u> Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| City, State, ZIP Code : <u>Wichita, Kansas</u> Application Number:                                                                                                                                                                                                                                                                                              |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                     |  | <b>4 DEPTH OF COMPLETED WELL</b> <u>58</u> ft. <b>ELEVATION:</b> .....                           |  |                       |  |                        |  |                     |  |                    |  |
| <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>25</u> ft. below land surface measured on mo/day/yr <u>11-29-91</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>11</u> in. to <u>58</u> ft., and ..... in. to ..... ft.                    |  |                       |  |                        |  |                     |  |                    |  |
| WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                                                                                                                                                                                                                                                                            |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                                                                                                                                                                                                                                             |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 2 Irrigation 4 Industrial <u>7 Lawn and garden only</u> 10 Monitoring well                                                                                                                                                                                                                                                                                      |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| Was a chemical/bacteriological sample submitted to Department? Yes ..... No <u>X</u> If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                     |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| Water Well Disinfected? Yes <u>X</u> No                                                                                                                                                                                                                                                                                                                         |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| <b>5 TYPE OF BLANK CASING USED:</b>                                                                                                                                                                                                                                                                                                                             |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped                                                                                                                                                                                                                                                                         |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                    |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| Blank casing diameter <u>5</u> in. to <u>35</u> ft., Dia. <u>2.29</u> in. to ..... ft., Dia. ..... in. to ..... ft.                                                                                                                                                                                                                                             |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| Casing height above land surface <u>12</u> in., weight <u>2.29</u> lbs./ft. Wall thickness or gauge No. <u>.214</u>                                                                                                                                                                                                                                             |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                         |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement                                                                                                                                                                                                                                                                                                 |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) .....                                                                                                                                                                                                                                                                                  |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 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                                                                                                                                                                                                                                                                                                 |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| 3 Torch cut 10 Other (specify) .....                                                                                                                                                                                                                                                                                                                            |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| SCREEN-PERFORATED INTERVALS: From <u>35</u> ft. to <u>58</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                   |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>58</u> ft., From ..... ft. to ..... ft.                                                                                                                                                                                                                                                                         |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 <u>Cement</u> grout 3 Bentonite 4 Other .....                                                                                                                                                                                                                                                                          |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| Grout intervals: From <u>4</u> ft. to <u>24</u> 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 <u>Watertight sewer</u> lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                                                                         |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| Direction from well? <u>West</u> How many feet? <u>35</u>                                                                                                                                                                                                                                                                                                       |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |
| FROM                                                                                                                                                                                                                                                                                                                                                            |  | TO                                                                                               |  | LITHOLOGIC LOG        |  | FROM                   |  | TO                  |  | PLUGGING INTERVALS |  |
| 0                                                                                                                                                                                                                                                                                                                                                               |  | 3                                                                                                |  | topsoil               |  |                        |  |                     |  |                    |  |
| 3                                                                                                                                                                                                                                                                                                                                                               |  | 16                                                                                               |  | clay                  |  |                        |  |                     |  |                    |  |
| 16                                                                                                                                                                                                                                                                                                                                                              |  | 31                                                                                               |  | fine sand             |  |                        |  |                     |  |                    |  |
| 31                                                                                                                                                                                                                                                                                                                                                              |  | 58                                                                                               |  | medium sand           |  |                        |  |                     |  |                    |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>11-29-91</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>1-31-92</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |                                                                                                  |  |                       |  |                        |  |                     |  |                    |  |