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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------|-----------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | Fraction                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Section Number             | Township Number | Range Number          |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <u>NW 1/4 SE 1/4 SE 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>30</u>                  | T <u>27</u> S   | R <u>1</u> E <u>W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>See Below</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| 2 WATER WELL OWNER: <u>Bob Collier</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| RR#, St. Address, Box # : <u>10505 Ringer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| City, State, ZIP Code : <u>Wichita KS 67209</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           | 4 DEPTH OF COMPLETED WELL: <u>87</u> ft. ELEVATION:                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. <u>30</u> ft. 3. <u>30</u> ft.                                                                                                                                                                                                                                                                                                                                                                                             |                            |                 |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | WELL'S STATIC WATER LEVEL <u>30</u> ft. below land surface measured on mo/day/yr <u>3-13-92</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>87</u> ft. and _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           | WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                            |                 |                       |
| <input checked="" type="checkbox"/> 1 Domestic<br><input type="checkbox"/> 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | <input type="checkbox"/> 3 Feedlot<br><input type="checkbox"/> 4 Industrial<br><input type="checkbox"/> 5 Public water supply<br><input type="checkbox"/> 6 Oil field water supply<br><input type="checkbox"/> 7 Lawn and garden only<br><input type="checkbox"/> 8 Air conditioning<br><input type="checkbox"/> 9 Dewatering<br><input type="checkbox"/> 10 Monitoring well<br><input type="checkbox"/> 11 Injection well<br><input type="checkbox"/> 12 Other (Specify below) |                            |                 |                       |
| 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 <u>X</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <input checked="" type="checkbox"/> 1 Steel<br><input type="checkbox"/> 2 PVC<br><input type="checkbox"/> 3 RMP (SR)<br><input type="checkbox"/> 4 ABS<br><input type="checkbox"/> 5 Wrought iron<br><input type="checkbox"/> 6 Asbestos-Cement<br><input type="checkbox"/> 7 Fiberglass<br><input type="checkbox"/> 8 Concrete tile<br><input type="checkbox"/> 9 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| Blank casing diameter <u>5</u> in. to <u>81</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| Casing height above land surface <u>12</u> in., weight <u>2 lb</u> lbs./ft. Wall thickness or gauge No. <u>160 PVC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <input type="checkbox"/> 1 Steel<br><input type="checkbox"/> 2 Brass<br><input type="checkbox"/> 3 Stainless steel<br><input type="checkbox"/> 4 Galvanized steel<br><input type="checkbox"/> 5 Fiberglass<br><input type="checkbox"/> 6 Concrete tile<br><input checked="" type="checkbox"/> 7 PVC<br><input type="checkbox"/> 8 RMP (SR)<br><input type="checkbox"/> 9 ABS<br><input type="checkbox"/> 10 Asbestos-cement<br><input type="checkbox"/> 11 Other (specify) _____<br><input type="checkbox"/> 12 None used (open hole)                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <input type="checkbox"/> 1 Continuous slot<br><input type="checkbox"/> 2 Louvered shutter<br><input checked="" type="checkbox"/> 3 Mill slot<br><input type="checkbox"/> 4 Key punched<br><input type="checkbox"/> 5 Gauzed wrapped<br><input type="checkbox"/> 6 Wire wrapped<br><input type="checkbox"/> 7 Torch cut<br><input type="checkbox"/> 8 Saw cut<br><input type="checkbox"/> 9 Drilled holes<br><input type="checkbox"/> 10 Other (specify) _____<br><input type="checkbox"/> 11 None (open hole)                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| SCREEN-PERFORATED INTERVALS: From <u>81</u> ft. to <u>87</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| GRAVEL PACK INTERVALS: From <u>23</u> ft. to <u>81</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <input type="checkbox"/> 1 Neat cement<br><input checked="" type="checkbox"/> 2 Cement grout<br><input type="checkbox"/> 3 Bentonite<br><input type="checkbox"/> 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| Grout Intervals: From <u>3</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <input type="checkbox"/> 1 Septic tank<br><input type="checkbox"/> 2 Sewer lines<br><input checked="" type="checkbox"/> 3 Watertight sewer lines<br><input type="checkbox"/> 4 Lateral lines<br><input type="checkbox"/> 5 Cess pool<br><input type="checkbox"/> 6 Seepage pit<br><input type="checkbox"/> 7 Pit privy<br><input type="checkbox"/> 8 Sewage lagoon<br><input type="checkbox"/> 9 Feedyard<br><input type="checkbox"/> 10 Livestock pens<br><input type="checkbox"/> 11 Fuel storage<br><input type="checkbox"/> 12 Fertilizer storage<br><input type="checkbox"/> 13 Insecticide storage<br><input type="checkbox"/> 14 Abandoned water well<br><input type="checkbox"/> 15 Oil well/Gas well<br><input type="checkbox"/> 16 Other (specify below) _____ |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| Direction from well? <u>South</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FROM TO PLUGGING INTERVALS |                 |                       |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>2</u>  | <u>top soil</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <u>2</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>81</u> | <u>clay</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                 |                       |
| <u>21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>27</u> | <u>med sand</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| <u>27</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>45</u> | <u>clay</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                 |                       |
| <u>45</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>87</u> | <u>med sand</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>3-13-92</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/yr) <u>3-13-92</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>Weninger</u>                                                                                                                                                                                                                                                                        |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                 |                       |