

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------|---------------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Fraction <u>SE 1/4 NW 1/4 SE 1/4</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Section Number <u>30</u> | Township Number <u>T 27 S</u> | Range Number <u>R 1 E</u> |
| County: <u>Sedg.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| Distance and direction from nearest town or city street address of well if located within city? <u>See Below</u>                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| 2 WATER WELL OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Board of Agriculture, Division of Water Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                               |                           |
| RR#, St. Address, Box #:                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                               |                           |
| City, State, ZIP Code:                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <u>Paul Miller 1400 So Lark Ln Wichita 67209</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                               |                           |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 4 DEPTH OF COMPLETED WELL: <u>50</u> ELEVATION: <u>24</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                               |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. <u>24</u> ft. 3. <u>24</u> ft.<br>WELL'S STATIC WATER LEVEL <u>24</u> ft. below land surface measured on mo/day/yr <u>6-28-86</u><br>Pump test data: Well water was <u>24</u> ft. after <u>2</u> hours pumping <u>30</u> gpm<br>Est. Yield <u>50</u> gpm: Well water was <u>24</u> ft. after <u>2</u> hours pumping <u>30</u> gpm<br>Bore Hole Diameter <u>11</u> in. to <u>50</u> ft., and <u>50</u> in. to <u>50</u> ft.<br>WELL WATER TO BE USED AS:<br><input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below)<br><input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well<br>Was a chemical/bacteriological sample submitted to Department? Yes <u>X</u> No <u>X</u> ; If yes, mo/day/yr sample was submitted<br>Water Well Disinfected? Yes <u>X</u> No <u>X</u> |                          |                               |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                               |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 1 Steel <u>3 RMP (SR)</u> 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped <u>X</u><br>2 PVC <u>4 ABS</u> 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u><br>Blank casing diameter <u>5</u> in. to <u>40</u> ft., Dia. <u>40</u> in. to <u>40</u> ft., Dia. <u>40</u> in. to <u>40</u> ft.<br>Casing height above land surface <u>12</u> in., weight <u>159</u> lbs./ft. Wall thickness or gauge No. <u>5/16-26</u><br>TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass <u>7 PVC</u> 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile <u>8 RMP (SR)</u> 11 Other (specify)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter <u>4 Key punched</u> 6 Wire wrapped 9 Drilled holes<br>SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>50</u> ft., From <u>40</u> ft. to <u>50</u> ft.<br>GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>50</u> ft., From <u>13</u> ft. to <u>50</u> ft.                                   |                          |                               |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                               |                           |
| Grout Intervals: From <u>3</u> ft. to <u>13</u> ft., From <u>13</u> ft. to <u>50</u> ft., From <u>50</u> ft. to <u>50</u> ft.                                                                                                                                                                                                                                                                                                                                        |  | 1 Neat cement 2 Cement grout 3 Bentonite 4 Other<br>What is the nearest source of possible contamination:<br><input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 14 Abandoned water well<br><input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well<br><input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below)<br><input type="checkbox"/> 13 Insecticide storage<br>Direction from well? <u>SE</u> How many feet? <u>80</u>                                                                                                                                                                                                          |                          |                               |                           |
| FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                               |                           |
| 0 2 Top soil                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| 2 17 Clay                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| 17 29 fine sand                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| 29 30 clay                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| 30 50 gravel                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-28-86</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>6-28-86</u> under the business name of <u>Wagner Dull</u> by (signature) <u>[Signature]</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, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                               |                           |

OFFICE USE ONLY

T

R

EW

SEC.

1/4

1/4

1/4