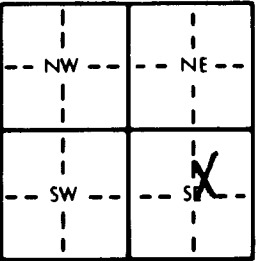


| 1 LOCATION OF WATER WELL:<br>County: <u>Seagwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    | Fraction: <u>SW 1/4 NE 1/4 SE 1/4</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Section Number: <u>31</u> |                    | Township Number: <u>T 27 S</u> |  | Range Number: <u>R 1 E</u> |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>2106 S. Lark Lane, Wichita</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 2 WATER WELL OWNER: <u>Philip Weber</u><br>RR#, St. Address, Box #: <u>655 Autumn Dr</u><br>City, State, ZIP Code: <u>Goodland KS 67050</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| Board of Agriculture, Division of Water Resources<br>Application Number: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="text-align: center;">  </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |                                       | 4 DEPTH OF COMPLETED WELL: <u>50</u> ft. ELEVATION: _____<br>Depth(s) Groundwater Encountered: _____ ft. 2. _____ ft. 3. _____ ft.<br>WELL'S STATIC WATER LEVEL: <u>13</u> ft. below land surface measured on mo/day/yr <u>1-3-94</u><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter: _____ in. to _____ ft., and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS:<br><div style="display: flex; justify-content: space-between;"> <div> <u>1 Domestic</u><br/>2 Irrigation </div> <div> 3 Feedlot<br/>4 Industrial </div> <div> 5 Public water supply<br/>6 Oil field water supply<br/>7 Lawn and garden only </div> <div> 8 Air conditioning<br/>9 Dewatering<br/>10 Monitoring well </div> <div> 11 Injection well<br/>12 Other (Specify below) </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes <u>X</u> No _____ |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 5 TYPE OF BLANK CASING USED:<br><div style="display: flex; justify-content: space-between;"> <div> 1 Steel<br/><u>2 PVC</u><br/>Blank casing diameter: <u>5</u> in. to <u>40</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.<br/>Casing height above land surface: <u>10</u> in., weight <u>2.20</u> lbs./ft. Wall thickness or gauge No. <u>160RS1</u> </div> <div> 3 RMP (SR)<br/>4 ABS<br/>7 Fiberglass </div> <div> 5 Wrought iron<br/>6 Asbestos-Cement<br/>8 Concrete tile<br/>9 Other (specify below) </div> <div> CASING JOINTS: Glued _____ Clamped _____<br/>Welded _____ Threaded _____ </div> </div> TYPE OF SCREEN OR PERFORATION MATERIAL:<br><div style="display: flex; justify-content: space-between;"> <div> 1 Steel<br/>2 Brass<br/>3 Stainless steel<br/>4 Galvanized steel </div> <div> 5 Fiberglass<br/>6 Concrete tile<br/>7 PVC<br/>8 RMP (SR)<br/>9 ABS </div> <div> 10 Asbestos-cement<br/>11 Other (specify) _____<br/>12 None used (open hole) </div> </div> SCREEN OR PERFORATION OPENINGS ARE:<br><div style="display: flex; justify-content: space-between;"> <div> 1 Continuous slot<br/>2 Louvered shutter<br/>3 Mill slot<br/>4 Key punched </div> <div> 5 Gauzed wrapped<br/>6 Wire wrapped<br/>7 Torch cut<br/>8 Saw cut<br/>9 Drilled holes<br/>10 Other (specify) _____ </div> <div> 11 None (open hole) </div> </div> SCREEN-PERFORATED INTERVALS: From <u>40</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <u>13</u> ft. to <u>50</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 6 GROUT MATERIAL: <u>3</u> 1 Neat cement <u>13</u> 2 Cement grout <u>3</u> Bentonite <u>4</u> Other _____<br>Grout Intervals: From <u>3</u> ft. to <u>13</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; justify-content: space-between;"> <div> <u>1 Septic tank</u><br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool<br/>6 Sewage pit </div> <div> 7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard </div> <div> 10 Livestock pens<br/>11 Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well<br/>16 Other (specify below) </div> </div> Direction from well? <u>East</u><br>How many feet? <u>100</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>3</td> <td>top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>21</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>21</td> <td>29</td> <td>fine sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>29</td> <td>34</td> <td>gravel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>34</td> <td>35</td> <td>clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>35</td> <td>50</td> <td>gravel</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 3 | top soil |  |  |  | 3 | 21 | clay |  |  |  | 21 | 29 | fine sand |  |  |  | 29 | 34 | gravel |  |  |  | 34 | 35 | clay |  |  |  | 35 | 50 | gravel |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO | LITHOLOGIC LOG                        | FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TO                        | PLUGGING INTERVALS |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
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| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 29 | fine sand                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 29                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 34 | gravel                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 35 | clay                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 50 | gravel                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , <u>(2) reconstructed</u> , or <u>(3) plugged</u> under my jurisdiction and was completed on (mo/day/year) <u>1-3-94</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>1-3-94</u> under the business name of <u>Weninger Drilling &amp; Inc.</u> by (signature) <u>Stan Weninger</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                    |                                |  |                            |  |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |           |  |  |  |    |    |        |  |  |  |    |    |      |  |  |  |    |    |        |  |  |  |

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