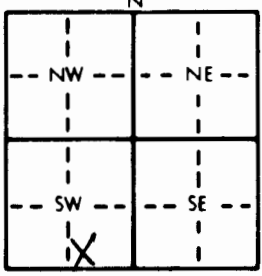


| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Fraction                                                                                                                            | Section Number | Township Number | Range Number       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|--------------------|
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | <u>SW 1/4 SE 1/4 SW 1/4</u>                                                                                                         | <u>36</u>      | <u>T 27 S</u>   | <u>R 1 EW</u>      |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>3512 W. Pawnee, Wichita</u>                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                     |                |                 |                    |
| 2 WATER WELL OWNER:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | Board of Agriculture, Division of Water Resources                                                                                   |                |                 |                    |
| RR#, St. Address, Box # :                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | Application Number:                                                                                                                 |                |                 |                    |
| City, State, ZIP Code :                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                     |                |                 |                    |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                                   |             | 4 DEPTH OF COMPLETED WELL: <u>17</u> ft. ELEVATION:                                                                                 |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                        |             | Depth(s) Groundwater Encountered <u>1</u> ft. <u>12</u> ft. <u>3</u> ft.                                                            |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | WELL'S STATIC WATER LEVEL <u>10.83</u> ft. below land surface measured on mo/day/yr <u>2-24-94</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>8</u> in. to _____ ft., and _____ in. to _____ ft.                                                            |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | WELL WATER TO BE USED AS:                                                                                                           |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 5 Public water supply 8 Air conditioning 11 Injection well                                                                          |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                                                 |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 2 Irrigation 4 Industrial 7 Lawn and garden only <u>10 Monitoring well</u>                                                          |                |                 |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | 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 _____ No <u>X</u>                                                                                       |                |                 |                    |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                                           |             | CASING JOINTS: Glued _____ Clamped _____                                                                                            |                |                 |                    |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile                                                                                                                                                                                                                                                                                                                                                                                                                      |             | Welded _____                                                                                                                        |                |                 |                    |
| <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                           |             | <u>Threaded</u> <u>Flush</u>                                                                                                        |                |                 |                    |
| 7 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                     |                |                 |                    |
| Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                     |                |                 |                    |
| Casing height above land surface <u>Flush</u> in., weight <u>703</u> lbs./ft. Wall thickness or gauge No. <u>154</u>                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                     |                |                 |                    |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                |             | 7 <u>PVC</u> 10 Asbestos-cement                                                                                                     |                |                 |                    |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                             |             | 12 None used (open hole)                                                                                                            |                |                 |                    |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                     |                |                 |                    |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                                                    |             | 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                      |                |                 |                    |
| 1 Continuous slot 3 <u>Mill slot</u> 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                                    |             | 10 Other (specify) _____                                                                                                            |                |                 |                    |
| 2 Louvered shutter 4 Key punched 7 Torch cut                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                     |                |                 |                    |
| SCREEN-PERFORATED INTERVALS: From <u>7</u> ft. to <u>17</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                     |                |                 |                    |
| GRAVEL PACK INTERVALS: From <u>6</u> ft. to <u>17</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                                                     |                |                 |                    |
| 6 GROUT MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             | 3 <u>Bentonite</u> 4 Other _____                                                                                                    |                |                 |                    |
| 1 Neat cement 2 Cement grout                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                                                     |                |                 |                    |
| Grout intervals: From <u>6</u> ft. to <u>2</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                     |                |                 |                    |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                  |             | 10 Livestock pens 14 Abandoned water well                                                                                           |                |                 |                    |
| 1 Septic tank 4 Lateral lines 7 Pit privy 11 <u>Fuel storage</u> 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                                  |             | 12 Fertilizer storage 16 Other (specify below)                                                                                      |                |                 |                    |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                     |                |                 |                    |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                     |                |                 |                    |
| Direction from well? <u>N</u>                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | How many feet? <u>~10</u>                                                                                                           |                |                 |                    |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TO          | LITHOLOGIC LOG                                                                                                                      | FROM           | TO              | PLUGGING INTERVALS |
| <u>0.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>1.5</u>  | <u>Roadgrade lime rock</u>                                                                                                          |                |                 |                    |
| <u>1.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>3.5</u>  | <u>Clay, very silty</u>                                                                                                             |                |                 |                    |
| <u>3.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>9.0</u>  | <u>Clay, very silty to sandy</u>                                                                                                    |                |                 |                    |
| <u>9.0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>17.0</u> | <u>Clayey sand</u>                                                                                                                  |                |                 |                    |
| <u>Called 3-4-94, 10:00am about forms being turned in late.</u>                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                     |                |                 |                    |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2-24-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>531</u> This Water Well Record was completed on (mo/day/yr) <u>3-30-94</u> under the business name of <u>GSI</u> by (signature) <u>Allison Irwin</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.                                                                                                        |             |                                                                                                                                     |                |                 |                    |