

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|------|----|----------------|------|----|--------------------|----------|----------|-----------------|--|--|--|----------|-----------|-------------|--|--|--|-----------|-----------|------------------|--|--|--|-----------|-----------|--------------|--|--|--|-----------|-----------|--------------------|--|--|--|-----------|------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | <b>Fraction</b>                                                                                                                                                                                                                                                |      | <b>Section Number</b>                                                                                                                                            | <b>Township Number</b> | <b>Range Number</b> |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| County: <b>SEDGWICK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            | NE ¼ SW ¼ NW ¼                                                                                                                                                                                                                                                 |      | <b>26</b>                                                                                                                                                        | T <b>27S</b> S         | R <b>2W</b> E/W     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>14810 W VALLEY HIGH CIRCLE, WICHITA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                                                                                                                |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits)<br>Latitude: _____<br>Longitude: _____<br>Elevation: _____<br>Data Collection Method: _____ |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: LAWMASTERS</b><br>RR#, St. Address, Box # : 3518 N LAKERIDGE CT<br>City, State, ZIP Code : WICHITA, KS 67235                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | <b>4 DEPTH OF COMPLETED WELL 118 ft.</b>                                                                                                                                                                                                                       |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.                                                                                                                                                                                           |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | WELL'S STATIC WATER LEVEL <b>30</b> ft. below land surface measured on mo/day/yr _____                                                                                                                                                                         |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                                   |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Est. Yield <b>22</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm                                                                                                                                                                         |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial <b>7</b> Domestic (lawn & garden) 10 Monitoring well |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr _____                                                                                                                                                 |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Sample was submitted _____ Water Well Disinfected? Yes <b>X</b> No _____                                                                                                                                                                                       |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Concrete tile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            | CASING JOINTS: Glued <b>X</b> Clamped                                                                                                                                                                                                                          |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2</b> PVC 4 ABS 7 Fiberglass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            | Welded _____<br>Threaded _____                                                                                                                                                                                                                                 |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <b>5</b> in. to <b>40</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above land surface <b>12</b> in., Weight <b>2.40</b> lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel 3 Stainless steel 5 Fiberglass <b>7</b> PVC 9 ABS 11 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Continuous slot <b>3</b> Mill slot 5 Guaze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From <b>40</b> ft. to <b>118</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GRAVEL PACK INTERVALS: From <b>30</b> ft. to <b>118</b> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout <b>3</b> Bentonite 4 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Intervals From <b>3</b> ft. to <b>30</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3</b> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <b>NORTH</b> How many feet? <b>15</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">FROM</td> <td style="width:10%;">TO</td> <td style="width:40%;">LITHOLOGIC LOG</td> <td style="width:10%;">FROM</td> <td style="width:10%;">TO</td> <td style="width:20%;">PLUGGING INTERVALS</td> </tr> <tr> <td><b>0</b></td> <td><b>1</b></td> <td><b>TOP SOIL</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>1</b></td> <td><b>29</b></td> <td><b>CLAY</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>29</b></td> <td><b>36</b></td> <td><b>FINE SAND</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>36</b></td> <td><b>74</b></td> <td><b>SHALE</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>74</b></td> <td><b>81</b></td> <td><b>BROWN SHALE</b></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>81</b></td> <td><b>118</b></td> <td><b>SHALE</b></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | <b>0</b> | <b>1</b> | <b>TOP SOIL</b> |  |  |  | <b>1</b> | <b>29</b> | <b>CLAY</b> |  |  |  | <b>29</b> | <b>36</b> | <b>FINE SAND</b> |  |  |  | <b>36</b> | <b>74</b> | <b>SHALE</b> |  |  |  | <b>74</b> | <b>81</b> | <b>BROWN SHALE</b> |  |  |  | <b>81</b> | <b>118</b> | <b>SHALE</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TO         | LITHOLOGIC LOG                                                                                                                                                                                                                                                 | FROM | TO                                                                                                                                                               | PLUGGING INTERVALS     |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1</b>   | <b>TOP SOIL</b>                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>29</b>  | <b>CLAY</b>                                                                                                                                                                                                                                                    |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>29</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>36</b>  | <b>FINE SAND</b>                                                                                                                                                                                                                                               |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>36</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>74</b>  | <b>SHALE</b>                                                                                                                                                                                                                                                   |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>74</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>81</b>  | <b>BROWN SHALE</b>                                                                                                                                                                                                                                             |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>81</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>118</b> | <b>SHALE</b>                                                                                                                                                                                                                                                   |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <b>1</b> constructed, <b>2</b> reconstructed, or <b>3</b> plugged under my jurisdiction and was completed on (mo/day/year) <b>7-22-08</b> and this record is true to the best of my knowledge and belief.<br>Kansas Water Well Contractor's License No. <b>740</b> This Water Well Record was completed on (mo/day/year) <b>8-12-08</b><br>under the business name of <b>WENINGER DRILLING INC.</b> by (signature) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>INSTRUCTIONS:</b> Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at <a href="http://www.kdheks.gov/waterwell">http://www.kdheks.gov/waterwell</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                                                                                                                                                                                                                                                                |      |                                                                                                                                                                  |                        |                     |      |    |                |      |    |                    |          |          |                 |  |  |  |          |           |             |  |  |  |           |           |                  |  |  |  |           |           |              |  |  |  |           |           |                    |  |  |  |           |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |