

# WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. \_\_\_\_\_

| <b>1 LOCATION OF WATER WELL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     | Fraction                                                                                                       |      | Section Number                                                       | Township Number    | Range Number                                |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------|--------------------|---------------------------------------------|------|----|----------------|------|----|--------------------|---|---|----------|--|--|--|---|----|------|--|--|--|----|----|-------|--|--|--|----|----|-------------|--|--|--|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | se ¼    nw ¼    sw 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>1319 S Fawnwood Ct</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                                                                |      | <b>Global Positioning System</b> (decimal degrees, min. of 4 digits) |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>2 WATER WELL OWNER: Allen Capps</b><br>RR#, St. Address, Box # : <b>1319 S Fawnwood Ct</b><br>City, State, ZIP Code : <b>Wichita, Ks 67235</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                                                                |      | Latitude: _____                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      | Longitude: _____                                                     |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      | Elevation: _____                                                     |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      | Datum: _____                                                         |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data Collection Method: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | <b>4 DEPTH OF COMPLETED WELL</b> <u>120</u> ft.                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft.                                           |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | WELL'S STATIC WATER LEVEL <u>35</u> ft. below land surface measured on mo/day/yr _____                         |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm                                   |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Est. Yield <u>25</u> 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                           |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                           |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | 2 Irrigation 4 Industrial <u>7</u> Domestic (lawn & garden) 10 Monitoring well                                 |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>x</u> ; If yes, mo/day/yr _____ |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | Sample was submitted _____ Water Well Disinfected? Yes <u>x</u> No _____                                       |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5 TYPE OF CASING USED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | 3 RMP (SR)                                                                                                     |      | 5 Wrought Iron                                                       |                    | 8 Concrete tile                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>2</u> PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     | 4 ABS                                                                                                          |      | 6 Asbestos-Cement                                                    |                    | 9 Other (specify below) _____               |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     | 7 Fiberglass                                                                                                   |      |                                                                      |                    | CASING JOINTS: Glued <u>x</u> Clamped _____ |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | Welded _____                                |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | Threaded _____                              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blank casing diameter <u>5</u> in. to <u>28</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Casing height above land surface <u>12</u> in., Weight <u>2.40</u> lbs./ft. Wall thickness or gauge No. <u>160psi</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | 3 Stainless steel                                                                                              |      | 5 Fiberglass                                                         |                    | <u>7</u> PVC                                |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Brass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     | 4 Galvanized steel                                                                                             |      | 6 Concrete tile                                                      |                    | 8 RM (SR)                                   |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 9 ABS                                       |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 11 Other (specify) _____                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 12 None used (open hole)                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Continuous slot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | <u>3</u> Mill slot                                                                                             |      | 5 Gauge wrapped                                                      |                    | 7 Torch cut                                 |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Louvered shutter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | 4 Key punched                                                                                                  |      | 6 Wire wrapped                                                       |                    | 8 Saw Cut                                   |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 9 Drilled holes                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 11 None (open hole)                         |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>SCREEN-PERFORATED INTERVALS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From <u>28</u> ft. to <u>120</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | From _____ ft. to _____ ft.                                                                                    |      | From _____ ft. to _____ ft.                                          |                    | From _____ ft. to _____ ft.                 |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | From _____ ft. to _____ ft.                                                                                    |      | From _____ ft. to _____ ft.                                          |                    | From _____ ft. to _____ ft.                 |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>GRAVEL PACK INTERVALS:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From <u>35</u> ft. to <u>120</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     | From _____ ft. to _____ ft.                                                                                    |      | From _____ ft. to _____ ft.                                          |                    | From _____ ft. to _____ ft.                 |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | From _____ ft. to _____ ft.                                                                                    |      | From _____ ft. to _____ ft.                                          |                    | From _____ ft. to _____ ft.                 |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6 GROUT MATERIAL:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 Neat cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | 2 Cement grout                                                                                                 |      | <u>3</u> Bentonite                                                   |                    | 4 Other _____                               |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Intervals From <u>3</u> ft. to <u>35</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     | From _____ ft. to _____ 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                           |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     | 5 Cess pool                                                                                                    |      | 8 Sewage lagoon                                                      |                    | 11 Fuel storage                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>x</u> 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     | 6 Seepage pit                                                                                                  |      | 9 Feedyard                                                           |                    | 12 Fertilizer storage                       |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <u>West</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |                                                                                                                |      |                                                                      |                    | 13 Insecticide Storage                      |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 14 Abandoned water well                     |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 15 Oil well/ gas well                       |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | 16 Other (specify below) _____              |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    | How many feet? <u>18</u>                    |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0</td> <td>1</td> <td>Top soil</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>26</td> <td>Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>26</td> <td>62</td> <td>shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>62</td> <td>66</td> <td>Brown shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>66</td> <td>120</td> <td>Shale</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> <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> </tbody> </table> |     |                                                                                                                |      |                                                                      |                    |                                             | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 1 | Top soil |  |  |  | 1 | 26 | Clay |  |  |  | 26 | 62 | shale |  |  |  | 62 | 66 | Brown shale |  |  |  | 66 | 120 | Shale |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TO  | LITHOLOGIC LOG                                                                                                 | FROM | TO                                                                   | PLUGGING INTERVALS |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1   | Top soil                                                                                                       |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 26  | Clay                                                                                                           |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 62  | shale                                                                                                          |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 66  | Brown shale                                                                                                    |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 66                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 120 | Shale                                                                                                          |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>4-10-09</u> and this record is true to the best of my knowledge and belief.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>5-1-09</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| under the business name of <u>Weninger Drilling Inc.</u> 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> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                                                                |      |                                                                      |                    |                                             |      |    |                |      |    |                    |   |   |          |  |  |  |   |    |      |  |  |  |    |    |       |  |  |  |    |    |             |  |  |  |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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