

|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|-----------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Fraction             |                                                                                                                 | Section Number |                                                   | Township Number |  | Range Number |  |
| County: SEDGWICK                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | NW 1/4 SE 1/4 SE 1/4 |                                                                                                                 | 12             |                                                   | T 27 S          |  | R 2 W 7/4    |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                   |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 1629 Old Wick Rd. Wichita, Ks.                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 2 WATER WELL OWNER: Gary Calvert Constr.                                                                                                                                                                                                                                                                                                                                                                                                          |  |                      |                                                                                                                 |                | SPEC. HOUSE                                       |                 |  |              |  |
| RR#, St. Address, Box # : 794 N. West St.                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |                                                                                                                 |                | Board of Agriculture, Division of Water Resources |                 |  |              |  |
| City, State, ZIP Code : Wichita, Ks.                                                                                                                                                                                                                                                                                                                                                                                                              |  |                      |                                                                                                                 |                | Application Number:                               |                 |  |              |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                              |  |                      | 4 DEPTH OF COMPLETED WELL: 50 ft. ELEVATION:                                                                    |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                   |  |                      | Depth(s) Groundwater Encountered 1. 20 ft. 2. ft. 3. ft.                                                        |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | WELL'S STATIC WATER LEVEL 20 ft. below land surface measured on mo/day/yr 10-15-82                              |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | Pump test data: Well water was ft. after hours pumping gpm                                                      |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | Est. Yield gpm: Well water was ft. after hours pumping gpm                                                      |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | Bore Hole Diameter 11 in. to ft. and in. to ft.                                                                 |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well                            |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)                             |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well                                            |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yr sample was submitted |                |                                                   |                 |  |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      | Water Well Disinfected? Yes X No                                                                                |                |                                                   |                 |  |              |  |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped                                                                                                                                                                                                                                                                                                                                                                  |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded                                                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| Blank casing diameter 5 in. to 35 ft. Dia. in. to Cer-Mac Styrene SDR-26 in. to                                                                                                                                                                                                                                                                                                                                                                   |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| Casing height above land surface 12 in. weight 1.59 lbs./ft. Wall thickness or gauge No. 203                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                                                                                                           |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)                                                                                                                                                                                                                                                                                                                                                                              |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)                                                                                                                                                                                                                                                                                                                                                                         |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                                                                                               |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)                                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes                                                                                                                                                                                                                                                                                                                                                                                   |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 7 Torch cut 10 Other (specify)                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| SCREEN-PERFORATED INTERVALS: From 35 ft. to 50 ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                                                                |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| GRAVEL PACK INTERVALS: From 14 ft. to 50 ft. From ft. to ft.                                                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other                                                                                                                                                                                                                                                                                                                                                                                |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| Grout Intervals: From 4 ft. to 14 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 14 Abandoned water well                                                                                                                                                                                                                                                                                                                                                               |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well                                                                                                                                                                                                                                                                                                                                                                    |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)                                                                                                                                                                                                                                                                                                                                                  |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 13 Insecticide storage                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| Direction from well? North How many feet? 45                                                                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                                                                     |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 0 3 Topsoil                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 3 16 Clay                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 16 21 Fine Sand                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 21 50 Medium Sand                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-15-82 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) 12-1-82 under the business name of Harp Well & Pump Serv., Inc. by (signature) M. Arnold |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |
| INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.                                                                              |  |                      |                                                                                                                 |                |                                                   |                 |  |              |  |