

|                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                             |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------|----------------|-----------------------------|---------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                             |           | Fraction                                                                           | Section Number | Township Number             | Range Number  |
| County: <u>Sedgewick</u>                                                                                                                                                                                                                                                                                                                                              |           | <u>NW 1/4 Sec 18 1/4</u>                                                           | <u>11</u>      | T <u>28</u> S               | R <u>1</u> EW |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                             |               |
| 2 WATER WELL OWNER: <u>Zoglemen Enterprises</u>                                                                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                             |               |
| RR#, St. Address, Box # : <u>3833 S. West Street</u>                                                                                                                                                                                                                                                                                                                  |           |                                                                                    |                |                             |               |
| City, State, ZIP Code : <u>Wichita, Kansas</u>                                                                                                                                                                                                                                                                                                                        |           |                                                                                    |                |                             |               |
| Board of Agriculture, Division of Water Resources<br>Application Number:                                                                                                                                                                                                                                                                                              |           |                                                                                    |                |                             |               |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                  |           | 4 DEPTH OF COMPLETED WELL: <u>15</u> ft. ELEVATION:                                |                |                             |               |
|                                                                                                                                                                                                                                                                                                                                                                       |           | Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.                        |                |                             |               |
|                                                                                                                                                                                                                                                                                                                                                                       |           | WELL'S STATIC WATER LEVEL <u>0</u> ft. below land surface measured on mo/day/yr    |                |                             |               |
|                                                                                                                                                                                                                                                                                                                                                                       |           | 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 _____ in. to _____ ft., and _____ in. to _____ ft.              |                |                             |               |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                             |           |                                                                                    |                |                             |               |
| 1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      11 Injection well<br>2 Irrigation      4 Industrial      7 Lawn and garden only <u>10 Monitoring well</u> 12 Other (Specify below)                                                                                                                                                     |           |                                                                                    |                |                             |               |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                              |           |                                                                                    |                |                             |               |
| Water Well Disinfected? Yes _____ No _____                                                                                                                                                                                                                                                                                                                            |           |                                                                                    |                |                             |               |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                          |           |                                                                                    |                |                             |               |
| 1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued _____ Clamped _____<br><u>2 PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____<br>7 Fiberglass      Threaded _____                                                                                                                        |           |                                                                                    |                |                             |               |
| Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.                                                                                                                                                                                                                                                               |           |                                                                                    |                |                             |               |
| Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                                |           |                                                                                    |                |                             |               |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                               |           |                                                                                    |                |                             |               |
| 1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      10 Asbestos-cement<br>2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      11 Other (specify) _____<br>12 None used (open hole)                                                                                                                                                 |           |                                                                                    |                |                             |               |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                   |           |                                                                                    |                |                             |               |
| 1 Continuous slot <u>3 Mill slot</u> 5 Gauzed wrapped      8 Saw cut      11 None (open hole)<br>2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes<br>7 Torch cut      10 Other (specify) _____                                                                                                                                          |           |                                                                                    |                |                             |               |
| SCREEN-PERFORATED INTERVALS: From <u>999</u> ft. to <u>999</u> ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                             |               |
| GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                             |               |
| 6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 Bentonite <u>4 Other</u>                                                                                                                                                                                                                                                                                   |           |                                                                                    |                |                             |               |
| Grout Intervals: From <u>15</u> ft. to <u>0</u> 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<br>2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/Gas well<br>3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below) _____<br>13 Insecticide storage |           |                                                                                    |                |                             |               |
| Direction from well? _____ How many feet? _____                                                                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                             |               |
| LITHOLOGIC LOG                                                                                                                                                                                                                                                                                                                                                        |           |                                                                                    |                |                             |               |
| FROM                                                                                                                                                                                                                                                                                                                                                                  | TO        |                                                                                    |                | FROM                        | TO            |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                              | <u>4</u>  | <u>Brown silt</u>                                                                  |                | <u>0</u>                    | <u>15</u>     |
| <u>4</u>                                                                                                                                                                                                                                                                                                                                                              | <u>9</u>  | <u>Brown silty clay</u>                                                            |                | <u>Uncontaminated soils</u> |               |
| <u>9</u>                                                                                                                                                                                                                                                                                                                                                              | <u>15</u> | <u>Tan sand</u>                                                                    |                |                             |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>10-22-96</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                            |           |                                                                                    |                |                             |               |
| Water Well Contractor's License No. <u>LE07</u> This Water Well Record was completed on (mo/day/yr) <u>10/31/96</u>                                                                                                                                                                                                                                                   |           |                                                                                    |                |                             |               |
| under the business name of <u>Tank Monitoring Systems</u> (signature) <u>[Signature]</u>                                                                                                                                                                                                                                                                              |           |                                                                                    |                |                             |               |