

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                                                         | Fraction                                            | Section Number                                    | Township Number         | Range Number       |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|-------------------------|--------------------|---------------|------------------------------------------------|--------------------|--------------------------|--------------------------|-----------------------------------------------------|-----------------------|----------------------------|--------------------------|-----------------|------------------------|----------|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|--|--|--|--|
| County: <b>Sedgwick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ NE  | <b>14</b>                                         | <b>28</b> <b>S</b>      | <b>1</b> <b>EW</b> |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | WATER WELL OWNER: <b>Bob Bergkamp</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| RR #, St. Address, Box #: <b>3709 S. West St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | Board of Agriculture, Division of Water Resources |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| City, State, ZIP Code : <b>Wichita, KS 67217</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     | Application Number:                               |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                                                |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; text-align: center; margin-right: 10px;">N<br/>NW NE<br/>W X E<br/>SW SE<br/>S</div><div>4 DEPTH OF WELL <b>25</b> ft.<br/>WELL'S STATIC WATER LEVEL <b>999</b> ft.<br/>WELL WAS USED AS:<br/><table style="width:100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td><input checked="" type="radio"/> 10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn &amp; Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other</td></tr></table></div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    | 1 Domestic    | 5 Public Water Supply                          | 9 Dewatering       | 2 Irrigation             | 6 Oil Field Water Supply | <input checked="" type="radio"/> 10 Monitoring Well | 3 Feedlot             | 7 Domestic (Lawn & Garden) | 11 Injection Well        | 4 Industrial    | 8 Air Conditioning     | 12 Other |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 1 Domestic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5 Public Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                           | 9 Dewatering                                        |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 Irrigation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6 Oil Field Water Supply                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="radio"/> 10 Monitoring Well |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 Feedlot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 Domestic (Lawn & Garden)                                                                                                                                                                                                                                                                                                                                                                                                                      | 11 Injection Well                                   |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 4 Industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8 Air Conditioning                                                                                                                                                                                                                                                                                                                                                                                                                              | 12 Other                                            |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....<br>If yes, mo/day/yr sample was submitted .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| Water Well Disinfected: Yes ..... No <b>X</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (Specify below)</td></tr><tr><td><input checked="" type="radio"/> 2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table><br>Blank casing diameter <b>2</b> in. Was casing pulled? Yes <b>X</b> ..... No ..... If yes, how much .....<br>Casing height above or below land surface <b>-2</b> in.                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    | 1 Steel       | 3 RMP (SR)                                     | 5 Wrought          | 7 Fiberglass             | 9 Other (Specify below)  | <input checked="" type="radio"/> 2 PVC              | 4 ABS                 | 6 Asbestos-Cement          | 8 Concrete Tile          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 1 Steel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 RMP (SR)                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5 Wrought                                           | 7 Fiberglass                                      | 9 Other (Specify below) |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <input checked="" type="radio"/> 2 PVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 4 ABS                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6 Asbestos-Cement                                   | 8 Concrete Tile                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other .....                                                                                                                                                                                                                                                                                                                                    |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| Grout Plug Intervals: From <b>20</b> ft. to <b>0</b> ft., From ..... ft. to ..... ft., From ..... to ..... ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table style="width:100%;"><tr><td>1 Septic tank</td><td><input checked="" type="radio"/> 6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table>                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    | 1 Septic tank | <input checked="" type="radio"/> 6 Seepage pit | 11 Fuel storage    | 16 Other (specify below) | 2 Sewer lines            | 7 Pit privy                                         | 12 Fertilizer storage |                            | 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage |          | 4 Lateral lines | 9 Feedyard | 14 Abandoned water well |  | 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well |  |  |  |  |  |
| 1 Septic tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="radio"/> 6 Seepage pit                                                                                                                                                                                                                                                                                                                                                                                                  | 11 Fuel storage                                     | 16 Other (specify below)                          |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 2 Sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7 Pit privy                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12 Fertilizer storage                               |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 3 Watertight sewer lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8 Sewage lagoon                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13 Insecticide storage                              |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 4 Lateral lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9 Feedyard                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14 Abandoned water well                             |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 5 Cess pool                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10 Livestock pens                                                                                                                                                                                                                                                                                                                                                                                                                               | 15 Oil well/Gas well                                |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| Direction from well? <b>North</b> How many feet? <b>40</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:15%;">FROM</th><th style="width:15%;">TO</th><th style="width:70%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td><b>20</b></td><td><b>0</b></td><td><b>Bentonite Chips</b></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    | FROM          | TO                                             | PLUGGING MATERIALS | <b>20</b>                | <b>0</b>                 | <b>Bentonite Chips</b>                              |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TO                                                                                                                                                                                                                                                                                                                                                                                                                                              | PLUGGING MATERIALS                                  |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| <b>20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Bentonite Chips</b>                              |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>3-18-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>665</b> This Water Well Record was completed on (mo/day/year) <b>3-21-05</b> under the business name of <b>Pratt Well Service, Environmental</b> by (signature) <i>[Signature]</i> |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |
| INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |                                                   |                         |                    |               |                                                |                    |                          |                          |                                                     |                       |                            |                          |                 |                        |          |                 |            |                         |  |             |                   |                      |  |  |  |  |  |