

|                           |                             |                |                 |              |
|---------------------------|-----------------------------|----------------|-----------------|--------------|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number |
| County: <b>Sedgwick</b>   | <b>NE 1/4 SE 1/4 SE 1/4</b> | <b>02</b>      | <b>28</b>       | <b>01 W</b>  |

Distance and direction from nearest town or city street address of well if located within city?

**3003 S. West Street, Wichita**

|                         |                              |                                                   |
|-------------------------|------------------------------|---------------------------------------------------|
| 2 WATER WELL OWNER:     | <b>United Parcel Service</b> | Board of Agriculture, Division of Water Resources |
| RR#, St. Address, Box # | <b>223 N. James</b>          | Application Number:                               |
| City, State, ZIP Code : | <b>Kansas City, KS 66118</b> |                                                   |

|                                                                                                                                                                                                                                                                         |                                                                         |                            |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------|--|----|--|----|--|--|--|----|--|----|--|--|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|--------------|--------------|--------------------------|----------------------------|-----------|------------------------------|-------------------|--------------|--------------------|----------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                      | 4 DEPTH OF WELL <b>14.1</b> ft. <b>Originally drilled to 15 ft. bgs</b> |                            |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| <p>N</p> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table> <p>W E S</p> |                                                                         |                            |  | NW |  | NE |  |  |  | SW |  | SE |  |  | X | <p>WELL'S STATIC WATER LEVEL <b>11.71</b> ft.</p> <p>WELL WAS USED AS:</p> <table border="0"> <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><b>10. Monitoring Well</b></td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> <p>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b></p> <p>If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected: Yes _____ No <b>X</b></p> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | <b>10. Monitoring Well</b> | 3 Feedlot | 7 Lawn and Garden (domestic) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other |
|                                                                                                                                                                                                                                                                         |                                                                         |                            |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| NW                                                                                                                                                                                                                                                                      |                                                                         | NE                         |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
|                                                                                                                                                                                                                                                                         |                                                                         |                            |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| SW                                                                                                                                                                                                                                                                      |                                                                         | SE                         |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
|                                                                                                                                                                                                                                                                         |                                                                         | X                          |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| 1 Domestic                                                                                                                                                                                                                                                              | 5 Public Water Supply                                                   | 9 Dewatering               |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| 2 Irrigation                                                                                                                                                                                                                                                            | 6 Oil Field Water Supply                                                | <b>10. Monitoring Well</b> |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| 3 Feedlot                                                                                                                                                                                                                                                               | 7 Lawn and Garden (domestic)                                            | 11 Injection Well          |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |
| 4 Industrial                                                                                                                                                                                                                                                            | 8 Air Conditioning                                                      | 12 Other                   |  |    |  |    |  |  |  |    |  |    |  |  |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |                       |              |              |                          |                            |           |                              |                   |              |                    |          |

|                                                          |                                                    |                        |                   |                 |                         |
|----------------------------------------------------------|----------------------------------------------------|------------------------|-------------------|-----------------|-------------------------|
| 5 TYPE OF BLANK CASING USED:                             | 1 Steel                                            | 3 RMP (SR)             | 5 Wrought         | 7 Fiberglass    | 9 Other (specify below) |
|                                                          | <b>2 PVC</b>                                       | 4 ABC                  | 6 Asbestos-Cement | 8 Concrete Tile |                         |
| Blank casing diameter <b>2</b> in.                       | Was casing pulled? Yes <b>X</b> No _____           | If yes, how much _____ |                   |                 |                         |
| Casing height above or below land surface <b>0.0</b> in. | <b>Overdrilled to 15 feet below ground surface</b> |                        |                   |                 |                         |

|                                                                                                                |               |                |                    |         |
|----------------------------------------------------------------------------------------------------------------|---------------|----------------|--------------------|---------|
| 6 GROUT PLUG MATERIAL:                                                                                         | 1 Neat cement | 2 Cement grout | <b>3 Bentonite</b> | 4 Other |
| Grout Plug Intervals From <b>2</b> ft. to <b>7</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. |               |                |                    |         |

What is the nearest source of possible contamination:

- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

| FROM | TO | CODE | PLUGGING MATERIALS                                    |
|------|----|------|-------------------------------------------------------|
| 0    | 2  |      | <b>Soil</b>                                           |
| 2    | 7  |      | <b>Bentonite</b>                                      |
| 7    | 15 |      | <b>Native sand - boring caved in from 7 to 15 ft.</b> |
|      |    |      |                                                       |
|      |    |      |                                                       |
|      |    |      |                                                       |
|      |    |      |                                                       |

|   |                                                                                                                                                                                                                                                                                                                                                                                                     |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <b>8-12-05</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>8-29-05</b> under the business name of <b>Geotechnical Services, Inc.</b> |
|   | by (signature) <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                   |

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.