

|                                                                                                                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                                                   |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------|----------------|---------------------------------------------------|----------------------|
| 1 LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                             |           | Fraction                                                                           | Section Number | Township Number                                   | Range Number         |
| County: <u>Sedgwick</u>                                                                                                                                                                                                                                                                                                                                               |           | <u>NW 1/4 NW 1/4 NE 1/4</u>                                                        | <u>16</u>      | T <u>28</u> S                                     | R <u>1</u> <u>NW</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>K42 + 39<sup>th</sup> St. South</u>                                                                                                                                                                                                                             |           |                                                                                    |                |                                                   |                      |
| 2 WATER WELL OWNER: <u>Shulte Country Store</u>                                                                                                                                                                                                                                                                                                                       |           |                                                                                    |                |                                                   |                      |
| RR#, St. Address, Box # : <u>11012 S. W. Blvd</u>                                                                                                                                                                                                                                                                                                                     |           |                                                                                    |                | Board of Agriculture, Division of Water Resources |                      |
| City, State, ZIP Code : <u>Wichita Ks 67215</u>                                                                                                                                                                                                                                                                                                                       |           |                                                                                    |                | Application Number:                               |                      |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                  |           | 4 DEPTH OF COMPLETED WELL: <u>34</u> ft. ELEVATION:                                |                |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                       |           | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.            |                |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                       |           | WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr       |                |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                       |           | Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm       |                |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                       |           | Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm |                |                                                   |                      |
|                                                                                                                                                                                                                                                                                                                                                                       |           | Bore Hole Diameter <u>8</u> in. to <u>34</u> ft. and _____ in. to _____ ft.        |                |                                                   |                      |
| WELL WATER TO BE USED AS:                                                                                                                                                                                                                                                                                                                                             |           |                                                                                    |                |                                                   |                      |
| 1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 Other (Specify below)<br>2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well                                                                                                                                                                         |           |                                                                                    |                |                                                   |                      |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>✓</u> If yes, mo/day/yr sample was submitted                                                                                                                                                                                                                                           |           |                                                                                    |                |                                                   |                      |
| Water Well Disinfected? Yes _____ No <u>✓</u>                                                                                                                                                                                                                                                                                                                         |           |                                                                                    |                |                                                   |                      |
| 5 TYPE OF BLANK CASING USED:                                                                                                                                                                                                                                                                                                                                          |           |                                                                                    |                |                                                   |                      |
| 1 Steel      3 RMP (SR)      6 Asbestos-Cement      9 Other (specify below)      CASING JOINTS: Glued _____ Clamped _____<br>2 PVC      4 ABS      7 Fiberglass      Welded _____<br>Blank casing diameter <u>2</u> in. to <u>14</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to <u>.154</u> ft.                                                                  |           |                                                                                    |                |                                                   |                      |
| Casing height above land surface <u>0</u> in., weight <u>.69</u> lbs./ft. Wall thickness or gauge No. _____                                                                                                                                                                                                                                                           |           |                                                                                    |                |                                                   |                      |
| TYPE OF SCREEN OR PERFORATION MATERIAL:                                                                                                                                                                                                                                                                                                                               |           |                                                                                    |                |                                                   |                      |
| 1 Steel      3 Stainless steel      5 Fiberglass      8 RMP (SR)      10 Asbestos-cement<br>2 Brass      4 Galvanized steel      6 Concrete tile      9 ABS      11 Other (specify) _____<br>12 None used (open hole)                                                                                                                                                 |           |                                                                                    |                |                                                   |                      |
| SCREEN OR PERFORATION OPENINGS ARE:                                                                                                                                                                                                                                                                                                                                   |           |                                                                                    |                |                                                   |                      |
| 1 Continuous slot      3 Mill slot      5 Gauzed wrapped      8 Saw cut      11 None (open hole)<br>2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes<br>7 Torch cut      10 Other (specify) _____                                                                                                                                       |           |                                                                                    |                |                                                   |                      |
| SCREEN-PERFORATED INTERVALS: From <u>14</u> ft. to <u>34</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                          |           |                                                                                    |                |                                                   |                      |
| GRAVEL PACK INTERVALS: From <u>12</u> ft. to <u>34</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                                                |           |                                                                                    |                |                                                   |                      |
| 6 GROUT MATERIAL: <u>1</u> Neat cement      2 Cement grout <u>3</u> Bentonite      4 Other _____                                                                                                                                                                                                                                                                      |           |                                                                                    |                |                                                   |                      |
| Grout Intervals: From <u>0</u> ft. to <u>10</u> ft. From <u>10</u> ft. to <u>12</u> ft. From _____ ft. to _____ ft.                                                                                                                                                                                                                                                   |           |                                                                                    |                |                                                   |                      |
| What is the nearest source of possible contamination:                                                                                                                                                                                                                                                                                                                 |           |                                                                                    |                |                                                   |                      |
| 1 Septic tank      4 Lateral lines      7 Pit privy      10 Livestock pens      14 Abandoned water well<br>2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/Gas well<br>3 Watertight sewer lines      6 Seepage pit      9 Feedyard      12 Fertilizer storage      16 Other (specify below) _____<br>13 Insecticide storage |           |                                                                                    |                |                                                   |                      |
| Direction from well? _____ How many feet? <u>&gt; 25'</u>                                                                                                                                                                                                                                                                                                             |           |                                                                                    |                |                                                   |                      |
| FROM                                                                                                                                                                                                                                                                                                                                                                  | TO        | LITHOLOGIC LOG                                                                     | FROM           | TO                                                | PLUGGING INTERVALS   |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                              | <u>19</u> | <u>Silty Clay</u>                                                                  |                |                                                   |                      |
| <u>19</u>                                                                                                                                                                                                                                                                                                                                                             | <u>27</u> | <u>Sand</u>                                                                        |                |                                                   |                      |
| <u>27</u>                                                                                                                                                                                                                                                                                                                                                             | <u>34</u> | <u>Coarse sand - gravel</u>                                                        |                |                                                   |                      |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>7-23-93</u> and this record is true to the best of my knowledge and belief. Kansas                                                                                             |           |                                                                                    |                |                                                   |                      |
| Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>8-11-93</u>                                                                                                                                                                                                                                                     |           |                                                                                    |                |                                                   |                      |
| under the business name of <u>Layne, Inc.</u> by (signature) <u>Sharon R. Mitchell</u>                                                                                                                                                                                                                                                                                |           |                                                                                    |                |                                                   |                      |
| 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.       |           |                                                                                    |                |                                                   |                      |