

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Johnson	NW $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$	5	T 12 S	R 25 B/W

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

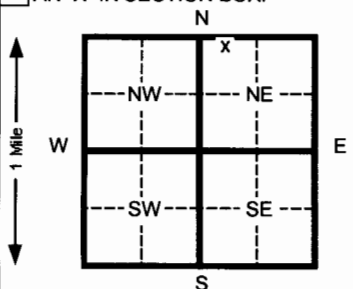
4700 Lamar Avenue, Mission, Kansas2 WATER WELL OWNER: **Quik Trip Corporation**RR#, St. Address, Box # : **901 N. Mingo Road**

Board of Agriculture, Division of Water Resources

City, State, ZIP Code : **Tulsa, Oklahoma 74116**

Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL

5.0 ft. ELEVATION:Depth(s) Groundwater Encountered 1 **NA** ft. 2 ft. 3 ft.WELL'S STATIC WATER LEVEL **Dry** ft. below land surface measured on mo/day/yr **03/28/05**

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield **NA** gpm: Well water was ft. after hours pumping gpmBore Hole Diameter **8.5** in. to **5.0** ft. and in. to ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **10** Monitoring wellWas a chemical/bacteriological sample submitted to Department? Yes No **X** If yes, mo/day/yr sample was submittedWater Well Disinfected? Yes No **X**

5 TYPE OF BLANK CASING USED:

5 Wrought Iron

8 Concrete tile

CASING JOINTS: Glued Clamped

6 Asbestos-Cement 9 Other (specify below)

Welded

7 Fiberglass

Threaded **X**

1 Steel

3 RMP (SR)

2 PVC

4 ABS

Blank casing diameter **2.375** in. to **3.0** ft. Dia in. to ft. Dia in. to ft.Casing height above land surface **Flush Mount** in., weight lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel

3 Stainless steel

2 Brass

4 Galvanized steel

5 Fiberglass

7 PVC

10 Asbestos-cement

6 Concrete tile

8 RMP (SR)

11 Other (specify)

9 ABS

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot

3 Mill slot

5 Gauzed wrapped

8 Saw cut

11 None (open hole)

2 Louvered shutter

4 Key punched

6 Wire wrapped

9 Drilled holes

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS:

From **5.0** ft. to **3.0** ft. From ft. to ft.

From ft. to ft. From ft. to ft.

GRAVEL PACK INTERVALS: From **5.0** ft. to **2.0** ft. From ft. to ft.

From ft. to ft. From ft. to ft.

6 GROUT MATERIAL:

1 Neat cement

2 Cement grout**3** Bentonite

4 Other

Grout intervals From **0.0** ft. to **1.0** ft. From **1.0** ft. to **2.0** ft. From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank

4 Lateral lines

7 Pit privy

10 Livestock pens

14 Abandoned water well

2 Sewer lines

5 Cess pool

8 Sewage lagoon

11 Fuel storage

15 Oil well/ Gas well

3 Watertight sewer lines

6 Seepage pit

9 Feedyard

12 Fertilizer storage

16 Other (specify below)

13 Insecticide storage

Direction from well?

Northwest

How many feet?

45

FROM TO CODE

LITHOLOGIC LOG

Topsoil**Brown very silty clay, very firm, moist, odor @ 4'****Concrete and asphalt rubble****Dark brown very silty clay, limestone stringers, very firm, moist-slightly moist****Flush-mount well completion approved by Don Taylor, KDHE, BOW.**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) **03/24/05** and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's License No. **692**This Water Well Record was completed on (mo/day/yr) **04/04/05**

under the business name of

Quad State Services, Inc.

by (signature)

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 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.