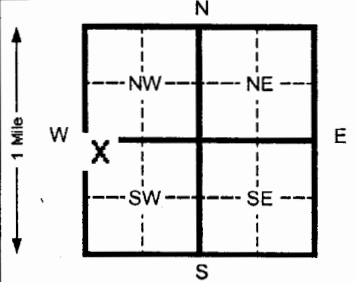


|  |                                   |                             |                                  |                                      |
|--|-----------------------------------|-----------------------------|----------------------------------|--------------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>Sedgwick</b> | Fraction<br><b>NW ¼ NW ¼ SW ¼</b> | Section Number<br><b>31</b> | Township Number<br>T <b>25</b> S | Range Number<br>R <b>01</b> <b>E</b> |
|--|-----------------------------------|-----------------------------|----------------------------------|--------------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**100 S. Meridian, Valley Center**

|   |   |  |
|---|---|--|
| 2 WATER WELL OWNER:<br>RR#, St. Address, Box #<br>City, State, ZIP Code | <b>M&amp;M Convenience Stores, Inc.</b><br><b>2849 W. 4<sup>th</sup> Avenue</b><br><b>El Dorado, KS 67042</b> | Board of Agriculture, Division of Water Resources<br>Application Number: |
|---|---|--|

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



|  |   |
|--|---|
| 4 DEPTH OF COMPLETED WELL <b>20</b> ft. ELEVATION: _____   | Depth(s) Groundwater Encountered 1 <b>12.5</b> ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr<br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <b>8.5</b> in. to <b>20</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b> |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes _____ No <b>X</b> |   |

|  |   |   |
|--|---|---|
| 5 TYPE OF BLANK CASING USED:<br>1 Steel <b>2 PVC</b> 3 RMP (SR) 4 ABS  | 5 Wrought Iron 8 Concrete tile<br>6 Asbestos-Cement 9 Other (specify below)<br>7 Fiberglass | CASING JOINTS: Glued _____ Clamped _____<br>Welded _____<br>Threaded <b>Flush</b> |
| Blank casing diameter <b>4</b> in. to <b>5</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>Flush</b> in., weight <b>2.0</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b> |   |   |

|  |   |  |
|--|---|--|
| TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) | SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot <b>3 Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 10 Other (specify) _____<br>7 Torch cut | SCREEN-PERFORATED INTERVALS: From <b>5</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>6</b> ft. to <b>20</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft. |
|--|---|--|

|   |   |   |
|---|---|---|
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other _____ | Grout Intervals From <b>0.5</b> ft. to <b>6</b> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. | What is the nearest source of possible contamination:<br>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? _____                                 |   |   |

| FROM | TO  | CODE | LITHOLOGIC LOG                              | FROM | TO | PLUGGING INTERVALS |
|------|-----|------|---|------|----|--------------------|
| 0    | 0.5 |      | <b>Concrete</b>                             |      |    |                    |
| 0.5  | 2   |      | <b>Silty Fat Clay, trace very fine sand</b> |      |    |                    |
| 2    | 11  |      | <b>Sandy Clay, very fine to fine sand</b>   |      |    |                    |
| 11   | 20  |      | <b>Sandy Silt, very fine grain</b>          |      |    |                    |
|      |     |      |   |      |    |                    |
|      |     |      |   |      |    |                    |
|      |     |      |   |      |    |                    |
|      |     |      |   |      |    |                    |

|   |
|---|
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <b>(1) constructed</b> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>7-19-05</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>8-11-05</b> under the business name of <b>Geotechnical Services, Inc.</b> 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.

OFFICE USE ONLY

T

R

SEC