

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction <u>1/4 SE 1/4 NW 1/4</u>	Section Number <u>35</u>	Township Number <u>T 26 S</u>	Range Number <u>R 1</u> E/W
Distance and direction from nearest town or city street address of well if located within city? <u>4111 East 37th Street North, Wichita, Kansas</u>					
2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :		<u>Koch Industries, Inc.</u> <u>4111 East 37th Street North</u> <u>Wichita, Kansas 67208</u>		01968501 MW-29 Board of Agriculture, Division of Water Resources Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4 DEPTH OF COMPLETED WELL: <u>29</u> ft. ELEVATION: <u>Approx. Surface</u> <u>1351</u> ft. Depth(s) Groundwater Encountered <u>1</u> <u>6.9</u> ft. <u>2</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>6.9</u> ft. below land surface measured on mo/day/yr <u>04/26/96</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8.25</u> in. to <u>29</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) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X			
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded X	
Blank casing diameter <u>2</u> in. to <u>4</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>36</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____			
SCREEN-PERFORATED INTERVALS: From <u>4</u> ft. to <u>29</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.		GRAVEL PACK INTERVALS: From <u>3</u> ft. to <u>29</u> 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 <u>0</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>3</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 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?		How many feet?			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.3	Silt, Brown			
0.3	1.0	Clayey Silt, Brown			
1.0	6.5	Clay, Brown			
6.5	6.8	Poorly Graded Sand With Clay, Orangish Brown			
6.8	12.5	Clay, Brown			
12.5	14.0	Sandy Clay, Brown			
14.0	19.0	Fine to Medium Sand, Brown			
19.0	20.0	Clay, Brown			
20.0	20.3	Shale, Light Gray			
20.3	24.0	Clay, Light Brown			
24.0	25.0	Clay, Weathered Bedrock			
25.0	29.0	Bedrock Shale, Black			
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/year) <u>04/22/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>05-22-96</u> under the business name of <u>Terracon Consultants, Inc.</u> by (signature) <u>Steve Fischer</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.					

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