

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 35	Township Number T 26 S	Range Number R 1 EW
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Distance and direction from nearest town or city street address of well if located within city?
4111 East 37th Street North, Wichita, Kansas

2 WATER WELL OWNER: Koch Industries, Inc. RR#, St. Address, Box # : 4111 East 37th Street North City, State, ZIP Code : Wichita, Kansas 67208	01968501 MW-30 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 34 ft. ELEVATION: Approx Surface 1352	
	Depth(s) Groundwater Encountered 1. 7.4 ft. 2. _____ ft. 3. _____ ft.	WELL'S STATIC WATER LEVEL 7.4 ft. below land surface measured on mo/day/yr 04/26/96
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm	Est. Yield N/A gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter: 8.25 in. to 34 ft., and _____ in. to _____ ft.	
	WELL WATER TO BE USED AS:	
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 2 Irrigation 4 Industrial 7 Lawn and garden only <input checked="" type="checkbox"/> 10 Monitoring well	8 Air conditioning 11 Injection well 12 Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> X; If yes, mo/day/yr sample was submitted _____		Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/> X

5 TYPE OF BLANK CASING USED:	5 Wrought iron 8 Concrete tile 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) <input checked="" type="checkbox"/> 2 PVC 4 ABS 7 Fiberglass	CASING JOINTS: Glued _____ Clamped _____ Welded _____ Threaded _____ <input checked="" type="checkbox"/> X
Blank casing diameter 2 in. to 6 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.	Casing height above land surface 36 in., weight _____ lbs./ft. Wall thickness or gauge No. _____	
TYPE OF SCREEN OR PERFORATION MATERIAL:		
1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 6 Concrete tile	<input checked="" type="checkbox"/> 7 PVC 8 RMP (SR) 9 ABS	10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		
1 Continuous slot <input checked="" type="checkbox"/> 3 Mill slot 2 Louvered shutter 4 Key punched	5 Gauzed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 11 None (open hole) 9 Drilled holes 10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From 6 ft. to 34 ft., From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS: From 4 ft. to 34 ft., From _____ ft. to _____ ft.		

6 GROUT MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other _____	Grout Intervals: From 0 ft. to 2 ft., From 2 ft. to 4 ft., From _____ ft. to _____ ft.
What is the nearest source of possible contamination:	
1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard	10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 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	0.5	Silt, Brown			
0.5	6.0	Clay, Brown			
6.0	6.5	Fine to Coarse Sand, Orangish Brown			
6.5	9.0	Clay, Brown			
9.0	10.0	Sandy Clay, Brown			
10.0	14.0	Clay, Orangish Brown			
14.0	16.5	Fine to Coarse Sand, Brown			
16.5	24.0	Clay, Light Olive-Gray			
24.0	29.0	Clay With Shale, Black			
29.0	32.0	No Recovery			
32.0	34.0	Bedrock Shale, Black			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 04/23/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 04/22/96 under the business name of Terracon Consultants, Inc. by (signature) <i>Steve Fisher</i>

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.