

1) LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sedgwick		N E ¼ N E ¼ SW ¼	8	T 26 S	R 1 E/V
Distance and direction from nearest town or city street address of well if located within city? 500 W. 61st St. North, Park City					
2) WATER WELL OWNER: El Paso Corporation RR#, St. Address, Box # : 2 North Nevada Ave. City, State, ZIP Code : Colorado Springs, CO 80903 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 16 . . . ft. ELEVATION: 0 . . . ft.			
<p>A 1-mile scale bar is shown vertically to the left of the section box diagram.</p>		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL . . . n/a . . . ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was . . NA . . . ft. after . . . hours pumping . . . gpm			
		Est. Yield . . NA . . gpm; Well water was . . . ft. after . . . hours pumping . . . gpm			
		Bore Hole Diameter . . . 8 . . . in. to . . . 16 . . . ft., and . . . in. to . . . ft.			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 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 Soil vapor extraction			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No ✓ ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes _____ No ✓			
5) TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		CASING JOINTS: Glued . . . Clamped . . .	
(2) PVC		4 ABS		Welded . . .	
		7 Fiberglass		Threaded. ✓	
Blank casing diameter . . . 2 . . . in. to . . . 11 . . . ft., Dia . . . in. to . . . ft., Dia . . . in. to . . . ft.					
Casing height above land surface . . . 0 . . . in.; weight . . . lbs./ft. Wall thickness or gauge No. . . Sch. 40 . . .					
TYPE OF SCREEN OR PERFORATION MATERIAL					
1 Steel		3 Stainless steel		(7) PVC	
2 Brass		4 Galvanized steel		8 RMP (SR)	
		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		5 Gauzed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From . . . 11 . . . ft. to . . . 16 . . . ft., From . . . ft. to . . . ft.					
From . . . ft. to . . . ft., From . . . ft. to . . . ft.					
GRAVEL PACK INTERVALS: From . . . 9.5 . . . ft. to . . . 16 . . . 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 . . . 3 . . . ft. to . . . 7.5 . . . ft., From . . . 7.5 . . . ft. to . . . 9.5 . . . ft., From . . . ft. to . . . ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		10 Livestock pens	
2 Sewer lines		5 Cess pool		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		12 Fertilizer storage	
		7 Pit privy		13 Insecticide storage	
		8 Sewage lagoon		(16) Other (specify below)	
		9 Feedyard		Abandoned pipeline	
Direction from well?		East		How many feet? 100	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Topsoil,			
1	7	Clay,			
7	8	Sand, fine grained,			
8	10	Clay, silty,			
10	16	Sand, medium to coarse grained,			
					RECEIVED
					NOV 02 2004
					BUREAU OF WATER
					3-SVE17
					Project Name: Metrix - Park City
					GeoCore # 1178 , #
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) . . . 9/13/2004 . . . and this record is true to the best of my knowledge and belief.					
Kansas Water Well Contractor's License No. . . 527 . . . This Water Well Record was completed on (mo/day/yr) . . . 10/27/04 . . . under the business name of GeoCore, Inc. by (signature) Dale Holt					
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.					