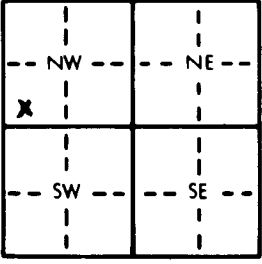


<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgwick</u>		Fraction <u>SW</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$		Section Number <u>6</u>	Township Number <u>T 26 S</u>	Range Number <u>R 1 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>South of Valley Center on Meridian</u>						
<b>2 WATER WELL OWNER:</b> <u>Amoco Oil Co.</u> RR#, St. Address, Box #: <u>P.O.Box 376</u> City, State, ZIP Code: <u>Valley Center, Ks. 67147</u>				<b>MW-8</b> Board of Agriculture, Division of Water Resources Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>25</u> ft. <b>ELEVATION:</b> _____ ft.				
<div style="text-align: center;">N W      E S</div> 		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
		WELL'S STATIC WATER LEVEL <u>13.5</u> ft. below land surface measured on mo/day/yr <u>6/1/90</u>				
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm				
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm				
Bore Hole Diameter <u>8</u> in. to _____ ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:				
1 Domestic		3 Feedlot		6 Oil field water supply		8 Air conditioning
2 Irrigation		4 Industrial		7 Lawn and garden only		10 Observation well
11 Injection well		12 Other (Specify below)				
Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____ If yes, mo/day/yr sample was submitted _____						
Water Well Disinfected? Yes _____ No _____						
<b>5 TYPE OF BLANK CASING USED:</b>						
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)
7 Fiberglass		CASING JOINTS: Glued _____ Clamped _____				
Welded _____		Threaded _____				
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.						
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____						
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>						
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)
9 ABS		10 Asbestos-cement				
11 Other (specify) _____		12 None used (open hole)				
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>						
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 Saw cut
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes
7 Torch cut		10 Other (specify) _____				
<b>SCREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
<b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.						
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Volclay</u>						
Grout Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ 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
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage
13 Insecticide storage		14 Abandoned water well				
15 Oil well/Gas well		16 Other (specify below)				
Direction from well? _____ How many feet? _____						
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
0	7	clay brown and yellow				
7	9	silty sand				
9	12	sand med. gray				
12	14	silty sand				
14	25	sand med. to coarse				
AUG 6 1990						
BUREAU OF ENVIRONMENTAL REMEDIATION						
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6/1/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/yr) <u>8/2/90</u> under the business name of <u>Layne-Western Co., Wichita, Ks.</u> by (signature) <u>B. Meier</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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.						