

| 1) LOCATION OF WATER WELL: | | Fraction | Section Number | Township Number | Range Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----|---|----------------|-----------------|--------------------|------|----|----------------|------|----|--------------------|---|---|------|--|--|--|---|----|------|--|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|
| County: Sedgwick | | SW ¼ SW ¼ NW ¼ | 6 | T 26 S | R 1 EW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and direction from nearest town or city street address of well if located within city? 7452 Meridian, Valley Center, KS - PW1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) WATER WELL OWNER: Amoco Oil Co. RR#, St. Address, Box #: P.O. Box 26045 City, State, ZIP Code: Shawnee Mission, KS 66225 <div style="text-align: right;">Board of Agriculture, Division of Water Resources Application Number:</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;"></div> | | 4) DEPTH OF COMPLETED WELL: 31.0 ft. ELEVATION: Depth(s) Groundwater Encountered 1. .ft. 2. .ft. 3. .ft. WELL'S STATIC WATER LEVEL 17.0 .ft. below land surface measured on mo/day/yr 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. .in. to .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.....✓ If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped ② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded Blank casing diameter .4" .in. to .ft., Dia .in. to .ft., Dia .in. to .ft. Casing height above land surface .24 .in., weight . lbs./ft. Wall thickness or gauge No. 40 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot ③ Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From .31 .ft. to .16 .ft., From .ft. to .ft. GRAVEL PACK INTERVALS: From .31 .ft. to .14 .ft., From .ft. to .ft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) GROUT MATERIAL: 1 Neat cement ② Cement grout ⑧ Bentonite 4 Other Grout Intervals: 3 From .14 .ft. to .12 .ft., 2 From .12 .ft. to .0 .ft., From .ft. to .ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy ⑪ Fuel storage 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) Direction from well? NE How many feet? 150 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>8</td><td>CLAY</td><td></td><td></td><td></td></tr><tr><td>8</td><td>31</td><td>SAND</td><td></td><td></td><td></td></tr><tr><td colspan="6" style="text-align: center; padding: 10px;">GROUT VARIANCE GRANTED</td></tr><tr><td colspan="6" style="height: 100px;"></td></tr></tbody></table> | | | | | | FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | 0 | 8 | CLAY | | | | 8 | 31 | SAND | | | | GROUT VARIANCE GRANTED | | | | | | | | | | | |
| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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) 12/13/90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 517 This Water Well Record was completed on (mo/day/yr) 1-8-91 under the business name of Groundwater Technology by (signature) Albert Stout | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records. 6253957068-22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |