

<b>1 LOCATION OF WATER WELL:</b> County: <u>SEDGWICK</u>		Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>34</u>	Township Number <u>T 26 S</u>	Range Number <u>R 1 E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <div style="text-align: right;"><u>R-6</u></div>					
<b>2 WATER WELL OWNER:</b> <u>Unocal Corp.</u> RR#, St. Address, Box #: <u>1535 W 13th</u> City, State, ZIP Code: <u>Denver, CO 80204</u> <div style="text-align: right;">Board of Agriculture, Division of Water Resources Application Number:</div>					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>30.9</u> ft. <b>ELEVATION:</b> <u>1344.84 TOC</u>			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>± 10</u> 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 <u>14</u> in. to <u>30.9</u> 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 <u>REMEDIATION H<sub>2</sub>O</u> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>			
		<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel                      3 RMP (SR) 2 PVC                      4 ABS Blank casing diameter <u>5</u> in. to <u>9</u> ft., Dia. <u>5</u> in. to <u>28.9-30.9</u> ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>0</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>109"</u> <b>CASING JOINTS:</b> Glued _____ Clamped _____ Welded _____ Threaded <u>X</u>			
		<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b> 1 Steel                      ③ Stainless steel              5 Fiberglass                  8 RMP (SR) 2 Brass                     4 Galvanized steel            6 Concrete tile               9 ABS 7 PVC                      10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole) _____ <b>SCREEN OR PERFORATION OPENINGS ARE:</b> 1 Continuous slot          3 Mill slot                      ⑥ Wire wrapped              8 Saw cut                      11 None (open hole) 2 Louvered shutter        4 Key punched                  7 Torch cut                    9 Drilled holes 10 Other (specify) _____			
		<b>SCREEN-PERFORATED INTERVALS:</b> From <u>9</u> ft. to <u>29</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. <b>GRAVEL PACK INTERVALS:</b> From <u>7</u> ft. to <u>30.9</u> ft., 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 _____ Grout Intervals: From <u>6</u> ft. to <u>0</u> ft., From <u>6</u> ft. to <u>7</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? <u>unknown</u> How many feet? _____					
FROM <u>0</u> TO <u>28.4</u>		LITHOLOGIC LOG <u>Fill to silty clay sand @ 20'</u> <u>olive gray shale</u>		FROM _____ TO _____ PLUGGING INTERVALS <u>install in vault</u>	
<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>9-14-94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>581</u> This Water Well Record was completed on (mo/day/yr) <u>11-23-94</u> under the business name of <u>LAYNE, INC</u> by (signature) <u>Steven R. Mitchell</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.