

mw-1

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																															
County: <b>Butler</b>		NE 1/4 NW 1/4 SE 1/4		3		T 26 S		R 5 <b>(EW)</b>																															
Distance and direction from nearest town or city street address of well if located within city? <b>1321 W. Central, El Dorado, KS</b>																																							
2 WATER WELL OWNER:																																							
RR#, St. Address, Box # <b>Quik Trip Corporation C/O Bill Roundcount</b>						Board of Agriculture, Division of Water Resources																																	
City, State, ZIP Code <b>1862 Craigshire Drive, St. Louis, MO 63146</b>						Application Number: <b>-----</b>																																	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: <b>15</b> ft. ELEVATION: <b>-----</b>																																				
			Depth(s) Groundwater Encountered 1. <b>10.8</b> ft. 2. <b>-----</b> ft. 3. <b>-----</b> ft.																																				
			WELL'S STATIC WATER LEVEL <b>6.22</b> ft. below land surface measured on mo/day/yr <b>10/31/96</b>																																				
			Pump test data: Well water was <b>-----</b> ft. after <b>-----</b> hours pumping <b>-----</b> gpm																																				
			Est. Yield <b>-----</b> gpm: Well water was <b>-----</b> ft. after <b>-----</b> hours pumping <b>-----</b> gpm																																				
			Bore Hole Diameter <b>8.625</b> in. to <b>15</b> ft. and <b>-----</b> in. to <b>-----</b> 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 <b>mw-1</b>																																				
Was a chemical/bacteriological sample submitted to Department? Yes <b>-----</b> No <b>X</b> ; If yes, mo/day/yr sample was submitted <b>-----</b>																																							
Water Well Disinfected? Yes <b>-----</b> No <b>X</b>																																							
5 TYPE OF BLANK CASING USED:																																							
1 Steel    3 RMP (SR)    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued <b>-----</b> Clamped <b>-----</b> 2 PVC    4 ABS    6 Asbestos-Cement    9 Other (specify below)    Welded <b>-----</b> 7 Fiberglass    Threaded <b>X</b>																																							
Blank casing diameter <b>2</b> in. to <b>5</b> ft. Dia <b>-----</b> in. to <b>-----</b> ft. Dia <b>-----</b> in. to <b>-----</b> ft.																																							
Casing height above land surface <b>0</b> in. weight <b>SCH 40 PVC</b> lbs./ft. Wall thickness or gauge No. <b>-----</b>																																							
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) <b>-----</b> 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																																							
SCREEN-PERFORATED INTERVALS:																																							
From <b>5</b> ft. to <b>15</b> ft. From <b>-----</b> ft. to <b>-----</b> ft. From <b>-----</b> ft. to <b>-----</b> ft. From <b>-----</b> ft. to <b>-----</b> ft.																																							
GRAVEL PACK INTERVALS:																																							
From <b>4</b> ft. to <b>15</b> ft. From <b>-----</b> ft. to <b>-----</b> ft. From <b>-----</b> ft. to <b>-----</b> ft. From <b>-----</b> ft. to <b>-----</b> ft.																																							
6 GROUT MATERIAL:																																							
1 Neat cement    2 Cement grout    3 Bentonite    4 Other <b>-----</b> Grout Intervals: From <b>20</b> ft. to <b>20</b> ft. From <b>32</b> ft. to <b>4</b> ft. From <b>-----</b> ft. to <b>-----</b> 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)																																							
Direction from well? <b>Contaminated Si</b>																																							
How many feet? <b>-----</b>																																							
<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>GL</td> <td>1.00</td> <td>Concrete</td> <td></td> <td></td> <td></td> </tr> <tr> <td>1.00</td> <td>13.00</td> <td>Fill sand</td> <td></td> <td></td> <td></td> </tr> <tr> <td>13.00</td> <td>15.00</td> <td>Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15.00</td> <td>TD</td> <td>End of Borehole</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	GL	1.00	Concrete				1.00	13.00	Fill sand				13.00	15.00	Shale				15.00	TD	End of Borehole			
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Flush Mount waiver  D. Taylor 8/1/96																																							
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) <b>10-31-96</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>585</b> This Water Well Record was completed on (mo/day/yr) <b>11-30-96</b> under the business name of <b>AEI</b> by (signature) <b>D. Taylor</b>																																							
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.																																							