

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$	Section Number <u>13</u>	Township Number T <u>27</u> S	Range Number R <u>1</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

6327 E. 13th, Wichita, KS.

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	Amoco Oil Co. 8700 Indian Creek Pkwy; Suite 190 Overland Park, KS. 66210	Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <u>19'</u> ft. ELEVATION:
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1 Mile

Depth(s) Groundwater Encountered 1. 8' ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 5.0 ft. below land surface measured on mo/day/yr 6-23-95

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 8 1/2" in. to 19' 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
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No X

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
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1 Steel

2 PVC

3 RMP (SR)

4 ABS

Blank casing diameter 2.375 in. to 4' ft.

Casing height above land surface Flush Mt. in., weight _____ lbs./ft. Wall thickness or gauge No. SCH 40

6 Asbestos-Cement

7 Fiberglass

9 Other (specify below)

Welded _____

Threaded X

TYPE OF SCREEN OR PERFORATION MATERIAL:	10 Asbestos-cement
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1 Steel

2 Brass

3 Stainless steel

4 Galvanized steel

5 Fiberglass

6 Concrete tile

8 RMP (SR)

9 ABS

11 Other (specify)

12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
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1 Continuous slot

2 Louvered shutter

3 Mill slot

4 Key punched

6 Wire wrapped

7 Torch cut

10 Other (specify)

SCREEN-PERFORATED INTERVALS:	From <u>19'</u> ft. to <u>4'</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
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GRAVEL PACK INTERVALS:	From <u>19'</u> ft. to <u>3'6"</u> ft.	From _____ ft. to _____ ft.	From _____ ft. to _____ ft.
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6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
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Grout Intervals: From 3'6" ft. to 2'6" ft. From 2'6" 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	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? North How many feet? 50'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	.75	ASPHALT			
.75	3.50	Dk Green brn clay, stiff, root frag., no odor, moist.			
3.50	5	Tan brn clay to silty clay w/ olive green & oxide staining & banding, stiff, no odor/			
5	9	Olive green-gray weathered shales, moist to wet at 6'. no odor.			
9	12.50	Tan-yellow brn weathered shale to shale, dry, friable, no odor.			
12.50	16.50	Red brn dry clay, no odor.			
16.50	19'6"	Olive green-gray clay, dry to moist, low to med plasticity at 19'., no odor.			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-9-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>6-23-95</u> under the business name of <u>JB Environmental Drilling</u> by (signature) <u>James Broken</u>
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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.

OFFICE USE ONLY

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