

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: Sedgwick		NE ¼ NE ¼ SW ¼		34		T 27 S		R 1 E/W	
Distance and direction from nearest town or city street address of well if located within city? 2320 E. Mt. Vernon - Wichita, Kansas									
2 WATER WELL OWNER: Coastal Mart, Inc.									
RR#, St. Address, Box # : Nine Greenway Plaza, Room 2810					Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : Houston, Texas 77046-0995					Application Number:				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL: 20 ft. ELEVATION: 1285.88						
			Depth(s) Groundwater Encountered 1. 14 ft. 2. _____ ft. 3. _____ ft.						
			WELL'S STATIC WATER LEVEL 14.16 ft. below land surface measured on mo/day/yr 7/24/96						
			Pump test data: Well water was NA ft. after _____ hours pumping _____ gpm						
			Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm						
			Bore Hole Diameter 8 in. to 20 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									
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 2 in. to 10 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface -4.68 in., weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40									
TYPE OF SCREEN OR PERFORATION MATERIAL									
7 PVC 10 Asbestos-cement									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 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 10 ft. to 20 ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From 9 ft. to 20 ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From 0 ft. to 7 ft., From 7 ft. to 9 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)									
Former UST Basin									
Direction from well? NE How many feet? 235									
LITHOLOGIC LOG									
FROM	TO								
0	1	Gravel,							
1	5	Clay, Dark Brown							
5	10	Clay, Brown							
10	12	Clay, Brown							
12	14	Silt, Dark Brown							
14	20	Silt, Dark Brown							
PLUGGING INTERVALS									
FROM	TO								
MW4, Tag # 00168753, Flushmount									
Project Name: Secor - Coastal #9195									
GeoCore # 335, KDHE # U2 087 10394									
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) 7/18/96 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 7/26/96									
under the business name of GeoCore Services, Inc. by (signature) <i>Bob Kell</i>									
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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