

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>		Fraction <u>SE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		Section Number <u>4</u>	Township Number <u>T 27 S</u>	Range Number <u>R 1 E</u>																																																																		
Distance and direction from nearest town or city street address of well if located within city? <u>Approx 1650' N 21st ST and Approx 320' W Cleveland ST, Wichita, KS. MW-290</u>																																																																								
2 WATER WELL OWNER: <u>Coastal Refining & Marketing, Inc</u>																																																																								
RR#, St. Address, Box # : <u>1100 E 21st N</u>																																																																								
City, State, ZIP Code : <u>Wichita, KS 67214</u>																																																																								
Board of Agriculture, Division of Water Resources Application Number: _____																																																																								
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>32'</u> ft. ELEVATION: <u>1308.90 @ ground level</u>																																																																						
		Depth(s) Groundwater Encountered 1. <u>13.38</u> ft. 2. _____ ft. 3. _____ ft.																																																																						
		WELL'S STATIC WATER LEVEL _____ 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: 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 <input checked="" type="checkbox"/> Clamped _____																																																																								
2 Brass 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____																																																																								
Blank casing diameter <u>2"</u> in. to _____ ft., Dia _____ in. to _____ ft.																																																																								
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____																																																																								
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 <u>13</u> ft. to <u>28</u> ft., From _____ ft. to _____ ft.																																																																								
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>32</u> ft., From _____ ft. to _____ ft.																																																																								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____																																																																								
Grout Intervals: From <u>0</u> ft. to <u>8</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? _____ How many feet? _____																																																																								
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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) <u>5/16/00</u> and this record is true to the best of my knowledge and belief. Kansas																																																																								
Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>5/16/00</u>																																																																								
under the business name of <u>Coastal Refining & Mkt.</u> by (signature) <u>Pr. Hanning</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.																																																																								