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|--|--|---|--|----------------|--|-----------------|--|---|--|
| 1 LOCATION OF WATER WELL:  |  | Fraction  |  | Section Number |  | Township Number |  | Range Number  |  |
| County: <b>Sedgwick</b>  |  | <b>NE ¼ NE ¼ NE ¼</b>   |  | <b>08</b>      |  | <b>T 27 S</b>   |  | <b>R 01</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">E/W</span> |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><b>2115 N. Broadway</b>   |  |   |  |                |  |                 |  |   |  |
| 2 WATER WELL OWNER:  |  | <b>Valero Energy</b><br><b>5590 Havana Street</b><br><b>Denver CO 80239</b><br>Board of Agriculture, Division of Water Resources<br>Application Number:   |  |                |  |                 |  |   |  |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   |  | 4 DEPTH OF COMPLETED WELL <b>23</b> ft. ELEVATION:  |  |                |  |                 |  |   |  |
|  |  | Depth(s) Groundwater Encountered 1 <b>17</b> ft. 2 _____ ft. 3 _____ ft.<br>WELL'S STATIC WATER LEVEL <b>17.03</b> ft. below land surface measured on mo/day/yr <b>5-21-03</b><br>Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm<br>Bore Hole Diameter <b>8.5</b> in. to <b>23</b> ft. and _____ in. to _____ ft.<br>WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well<br>1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)<br>2 Irrigation 4 Industrial 7 Lawn and garden (domestic) <b>10 Monitoring well</b><br>Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> If yes, mo/day/yr sample was submitted _____<br>Water Well Disinfected? Yes _____ No <b>X</b> |  |                |  |                 |  |   |  |
|  |  | 5 TYPE OF BLANK CASING USED:  |  |                |  |                 |  |   |  |
|  |  | 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____<br>2 <b>PVC</b> 4 ABS 6 Asbestos-Cement 9 Other (specify below) <b>Welded</b> _____<br>7 Fiberglass <b>Threaded</b> _____ <b>Flush</b> _____<br>Blank casing diameter <b>2</b> in. to <b>13</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.<br>Casing height above land surface <b>Flush</b> in., weight <b>.703</b> lbs./ft. Wall thickness or gauge No. <b>Sch. 40</b>   |  |                |  |                 |  |   |  |
|  |  | TYPE OF SCREEN OR PERFORATION MATERIAL:<br>1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement<br>2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____<br>12 None used (open hole)<br>SCREEN OR PERFORATION OPENINGS ARE:<br>1 Continuous slot 3 <b>Mill slot</b> 5 Gauzed wrapped 8 Saw cut 11 None (open hole)<br>2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes<br>7 Torch cut 10 Other (specify) _____   |  |                |  |                 |  |   |  |
|  |  | SCREEN-PERFORATED INTERVALS: From <b>13</b> ft. to <b>23</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.<br>GRAVEL PACK INTERVALS: From <b>11</b> ft. to <b>23</b> ft. From _____ ft. to _____ ft.<br>From _____ ft. to _____ ft. From _____ ft. to _____ ft.  |  |                |  |                 |  |   |  |
| 6 GROUT MATERIAL:  |  | 1 Neat cement 2 Cement grout <b>3 Bentonite</b> <b>4 Other Concrete</b><br>Grout Intervals From <b>0</b> ft. to <b>1</b> ft. From <b>1</b> ft. to <b>11</b> ft. From _____ ft. to _____ ft.<br>What is the nearest source of possible contamination:<br>1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well<br>2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/ Gas well<br>3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____<br>13 Insecticide storage _____<br>Direction from well? _____ How many feet? _____   |  |                |  |                 |  |   |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:   |  | This water well was <b>(1) constructed</b> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <b>5-21-03</b> and this record is true to the best of my knowledge and belief. Kansas<br>Water Well Contractor's License No. <b>531</b> This Water Well Record was completed on (mo/day/yr) <b>6-2-03</b><br>under the business name of <b>Geotechnical Services, Inc.</b> by (signature)   |  |                |  |                 |  |   |  |
| INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. |  |   |  |                |  |                 |  |   |  |

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