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|--|---|--|--|--|---|
| <b>1</b>   | <b>LOCATION OF WATER WELL:</b><br>County: <u>Sedgwick</u>   | <b>Fraction</b><br><u>NE</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>NE</u> $\frac{1}{4}$ | <b>Section Number</b><br><u>18</u>   | <b>Township Number</b><br><u>T 27</u> <u>S</u>                           | <b>Range Number</b><br><u>R 1E</u> <u>E/W</u> |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1826 W. 13th St., Wichita, KS</u>  |   |  |  |  |   |
| <b>2</b>   | <b>WATER WELL OWNER:</b> <u>Town and Country Markets</u><br>RR#, St. Address, Box # : <u>PO Box 17087</u><br>City, State, ZIP Code : <u>Wichita, KS 67217</u> |  |  | Board of Agriculture, Division of Water Resources<br>Application Number: |   |
| <b>3</b>   | <b>LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b><br><div style="text-align: center;"> </div>   |  | <b>4</b> <b>DEPTH OF COMPLETED WELL</b> <u>29.24</u> ft. <b>ELEVATION:</b> <u>1311.71</u><br>Depth(s) Groundwater Encountered <u>1</u> ft. <u>20</u> ft.<br><b>WELL'S STATIC WATER LEVEL</b> <u>21.61</u> ft. below land surface measured on mo/day/yr <u>4/22/04</u><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><b>WELL WATER TO BE USED AS:</b><br><div style="display: flex; justify-content: space-between;"> <span>1 Domestic</span> <span>3 Feedlot</span> <span>6 Oil field water supply</span> <span>8 Air conditioning</span> <span>11 Injection well</span> </div> <div style="display: flex; justify-content: space-between;"> <span>2 Irrigation</span> <span>4 Industrial</span> <span>7 Domestic (lawn &amp; garden)</span> <span>10 Monitoring well</span> <span>12 Other (Specify below)</span> </div> |  |   |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> ; If yes, mo/day/yrs sample was submitted _____<br>Water Well Disinfected? Yes _____ No <u>  </u> |   |  |  |  |   |

|   |                    |   |                               |   |
|---|--------------------|---|-------------------------------|---|
| <b>TYPE OF BLANK CASING USED:</b>   |                    | 5 Wrought iron  | 8 Concrete tile               | <b>CASING JOINTS:</b> Glued ..... Clamped ..... |
| 1 Steel   | 3 RMP (SR)         | 6 Asbestos-Cement   | 9 Other (specify below) _____ | Welded .....                                    |
| 2 PVC   | 4 ABS              | 7 Fiberglass  | _____                         | Threaded .....                                  |
| Blank casing diameter ..... 2 ..... in. to ..... 15 ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. |                    |   |                               |   |
| Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. ....                    |                    |   |                               |   |
| <b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>  |                    | 7 PVC   | 10 Asbestos-Cement            |   |
| 1 Steel   | 3 Stainless Steel  | 8 RMP (SR)  | 11 Other (Specify) .....      |   |
| 2 Brass   | 4 Galvanized Steel | 9 ABS   | 12 None used (open hole)      |   |
| <b>SCREEN OR PERFORATION OPENINGS ARE:</b>  |                    | 5 Gauzed wrapped  | 8 Saw cut                     | 11 None (open hole)                             |
| 1 Continuous slot   | 3 Mill slot        | 6 Wire wrapped  | 9 Drilled holes               |   |
| 2 Louvered shutter  | 4 Key punched      | 7 Torch cut   | 10 Other (specify) .....      | ft.   |
| <b>SCREEN-PERFORATED INTERVALS:</b>   |                    | From ..... 15 ..... ft. to ..... 30 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |                               |   |
| <b>GRAVEL PACK INTERVALS:</b>   |                    | From ..... 13 ..... ft. to ..... 30 ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft. |                               |   |
|   |                    | From ..... ft. to ..... ft., From ..... ft. to ..... ft.  |                               |   |

|   |                 |                 |                        |                |                          |                         |                 |
|---|-----------------|-----------------|------------------------|----------------|--------------------------|-------------------------|-----------------|
| 6   | GROUT MATERIAL: |                 | 1 Neat cement          | 2 Cement grout | 3 Bentonite              | 4 Other.....            | Vol 1 Clay..... |
| Grout Intervals:                                      |                 | From.....       | 1.....                 | ft. to.....    | 13.....                  | ft., From.....          | ft. to.....     |
| What is the nearest source of possible contamination: |                 |                 |                        |                | 10 Livestock pens        | 14 Abandoned water well |                 |
| 1 Septic tank   | 4 Lateral lines | 7 Pit privy     | 11 Fuel storage        |                | 15 Oil well/Gas well     |                         |                 |
| 2 Sewer lines   | 5 Cess pool     | 8 Sewage lagoon | 12 Fertilizer storage  |                | 16 Other (specify below) |                         |                 |
| 3 Watertight sewer lines                              | 6 Seepage pit   | 9 Feedyard      | 13 Insecticide storage |                |                          |                         |                 |
| Direction from well?                                  |                 | Northwest       |                        | How many feet? |                          | 200                     |                 |

[illegible]

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) 4/22/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. 416 This Water Well Record was completed on (mo/day/yr) 5/12/04 under the business name of Terracon by (signature) [Signature]

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.