WAIL	K WELL	RECORD	I OI III V	W C-3				urces; App. No.		
County:	S	WATER WELL: edgwick	NW ¼ N	W ½ N	\W ¼	35		Township Num T 27	SR	1 E
Distance and direction from nearest town or city street address of well if located within city? 1600 S. Hillside Ave., Wichita, KS Latitude: N 37.66434°										
								7.29848°		
2 WAT	ER WELL	OWNER: Quik T	rip Corporation	(Mike Co	onner) E	levation:	RIM:	:1314.71; TOC:1	314.46	
RR#, S	St. Address	Box # : 4705 S	. 129 E. Ave.					884		
City, S	State, ZIP C	ode : Tulsa,	JK 74134-7008	<u> </u>	<u> </u>			fethod: legal sur	vey	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 43 ft.										
LOCA						MW15			_	
	I AN "X" I	N Depth(s) Groun	ndwater Encour	itered l			ft. 2	ft.	. 3	ft.
SECT	WITH AN "X" IN Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 SECTION BOX: WELL'S STATIC WATER LEVEL 37.90 ft. below land surface measured on mo/day/yr 5/3/1									
	N Pump test data: Well water was ft. after hours pumping Est. Yield gpm: Well water was ft. after hours pumping									
		Est. Yield	gpm: We	ell water v	was	ft.	after	hours pu	ımping	gpm
	V	WELL WATE						r conditioning 1		
W 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify by 12 Other) 12 Other (Specify by 13 Other) 13 Other (Specify by 14 Other) 15 Other (Specify by 15 Other) 15 Other)									Specify below)	
W SE 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (1) Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Water Well Disinfected? Yes No X										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
1 Ste	eel	3 RMP (SR) 6	Asbestos-Cem	ent 9	Other (s)	becify be	low)	W	elded	
(2)PV	/C	4 ABS 7	Fiberglass					T	readed	X
Blank cas	ing diamete	er 2 in. to	28 ft., I	Dia	in	. t o	ft.,	Dia	in. to	ft.
2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 28 ft., Dia in. to ft., Dia in. to ft. Casing height below land surface 0.25 ft., Weight lbs./ft. Wall thickness or gauge No.										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)										
2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot 2 Mill slot 5 Gauze wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From 28 ft. to 43 ft. From ft. to ft.										
BOILLIN	-i Liu Olu	TED IIIIEI	From		ft to		ft. Fr	o m	ft. to	ft
GR	AVEI PA	CK INTERVALS:	From	26	ft to	45	ft. Fr	om	ft. to	ft.
Giv	art DD 1711	or name.	From		ft. to		ft. Fr	om	ft. to	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 Concrete: 0-1 ft Grout Intervals From 1 ft. to 26 ft. From ft. to 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 13 Insecticide Storage 16 Other (specify										
	ver lines	5 Cess pool	8 Sewage l					andoned water we	e11	below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well										
Direction	from well?	NE		H	low many	feet? 17	0 ft			
FROM	TO	LITHO	LOGIC LOG		FROM	TO		PLUGGING 1	NTERV	VALS
0	0.3	Asphalt								
0.3	15	Hard brown clay								
15	30	Soft brown silty cl								
30 35	35 45	Medium grained be Coarse grained br			ļ.———					
35	45	Coarse grained br	UWII SAIIU							
							Flushn	nount waiver fro	m BO	<u>W</u>
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) 5/2/11 and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. 757 . This Water Well Record was completed on (mo/day/year) 5/31/11										
under the h	usiness name	e of Larsen & Asso	ciates, Inc.	TILL TO AL	by (signatu	re)		-		
INSTRUCT	IONS: Please	e fill in blanks or circle th	e correct answers	Send top th	ree copies to	Kansas De	nartment	o Health and Enviro	nment. Bi	ureau of Water
INSTRUCTIONS: Please fill in blanks 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. Visit us at http://www.kdheks.gov/waterwell.										