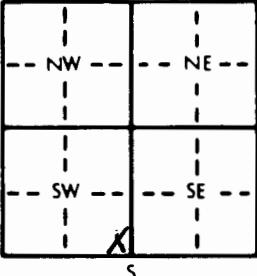


|   |           |  |                |                 |              |                    |
|---|-----------|--|----------------|-----------------|--------------|--------------------|
| 1 LOCATION OF WATER WELL:   |           | Fraction   | Section Number | Township Number | Range Number |                    |
| County: <u>SEDGWICK</u>   |           | <u>SE 1/4 SE 1/4 SW 1/4</u>  | <u>25</u>      | <u>T 27 S</u>   | <u>R 1 E</u> |                    |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>HARRY E EDGEWOOD WICHITA, KS</u> <span style="float:right"><u>VRW-1</u></span>  |           |  |                |                 |              |                    |
| 2 WATER WELL OWNER: <u>AMOCO OIL COMPANY</u>  |           | Board of Agriculture, Division of Water Resources  |                |                 |              |                    |
| RR#, St. Address, Box #: <u>P.O. Box 26045</u>  |           | Application Number:  |                |                 |              |                    |
| City, State, ZIP Code: <u>SHAWNEE MISSION, KS 66225</u>   |           |  |                |                 |              |                    |
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  |           | 4 DEPTH OF COMPLETED WELL: <u>16</u> ft. ELEVATION: _____ ft.                                    |                |                 |              |                    |
| <div style="text-align: center;"></div>   |           | Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.                          |                |                 |              |                    |
|   |           | WELL'S STATIC WATER LEVEL <u>15</u> ft. below land surface measured on mo/day/yr <u>10-24-90</u> |                |                 |              |                    |
|   |           | 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) <u>Vent. Recovery</u>   |                |                 |              |                    |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well   |           |  |                |                 |              |                    |
| Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____  |           | Water Well Disinfected? Yes _____ No <u>X</u> _____  |                |                 |              |                    |
| 5 TYPE OF BLANK CASING USED:  |           | CASING JOINTS: Glued _____ Clamped _____   |                |                 |              |                    |
| 1 Steel 3 RMP (SR)  |           | Welded _____   |                |                 |              |                    |
| (2) PVC 4 ABS   |           | Threaded <u>X</u>  |                |                 |              |                    |
| 5 Wrought iron 8 Concrete tile  |           |  |                |                 |              |                    |
| 6 Asbestos-Cement 9 Other (specify below)   |           |  |                |                 |              |                    |
| 7 Fiberglass  |           |  |                |                 |              |                    |
| Blank casing diameter <u>2</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.   |           |  |                |                 |              |                    |
| Casing height above land surface <u>2 (FLUSH)</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>40</u>  |           |  |                |                 |              |                    |
| 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:   |           | 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) _____   |           |  |                |                 |              |                    |
| SCREEN-PERFORATED INTERVALS: From <u>16</u> ft. to <u>6</u> ft., From _____ ft. to _____ ft.  |           |  |                |                 |              |                    |
| GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>4</u> ft., From _____ ft. to _____ ft.  |           |  |                |                 |              |                    |
| 6 GROUT MATERIAL:   |           | 1 Neat cement 2 Cement grout (3) Bentonite 4 Other _____   |                |                 |              |                    |
| Grout Intervals: 3 From <u>4</u> ft. to <u>2</u> ft., 2 From <u>2</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft.  |           |  |                |                 |              |                    |
| 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  |           | 12 Fertilizer storage 16 Other (specify below)   |                |                 |              |                    |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon 13 Insecticide storage  |           |  |                |                 |              |                    |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard   |           |  |                |                 |              |                    |
| Direction from well? <u>S</u>   |           | How many feet? <u>10</u>   |                |                 |              |                    |
| FROM  | TO        | LITHOLOGIC LOG   |                | FROM            | TO           | PLUGGING INTERVALS |
| <u>0</u>  | <u>11</u> | <u>SILTY CLAY</u>  |                |                 |              |                    |
| <u>11</u>   | <u>16</u> | <u>CLAY</u>  |                |                 |              |                    |
| <u>CASING &amp; GROUT VARIANCE GRANTED</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) <u>12/17/90</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>517</u> This Water Well Record was completed on (mo/day/yr) <u>1-10-91</u> under the business name of <u>GROUNDWATER TECHNOLOGY INC</u> by (signature) <u>Albert Stant</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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.   |           |  |                |                 |              |                    |

OFFICE USE ONLY

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