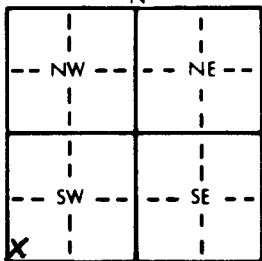


<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgwick</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section Number <u>26</u> Township Number <u>T 27 S</u> Range Number <u>R 1</u> <u>EN</u>																																					
Distance and direction from nearest town or city street address of well if located within city? <u>3216 E. Harry Wickits</u>																																					
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <u>Quick Trip Corp, 1023 Executive Parkway, Suite 22</u> City, State, ZIP Code : <u>St Louis, MO 63141</u> Board of Agriculture, Division of Water Resources Application Number: <u>MW-17</u>																																					
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;"> N W E S</div>	<b>4 DEPTH OF COMPLETED WELL:</b> <u>49</u> ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. <u>38</u> ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <u>38</u> ft. below land surface measured on mo/day/yr <u>3-16-90</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 <u>11.75</u> in. to <u>50</u> 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 <u>10 Monitoring well</u> 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>																																				
<b>5 TYPE OF BLANK CASING USED:</b> 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped ..... <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ..... Blank casing diameter <u>4</u> in. to <u>3.4</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface <u>0</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>sc 4.40</u> TYPE OF SCREEN OR PERFORATION MATERIAL: <u>7 PVC</u> 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 <u>6 Mill slot</u> 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ..... SCREEN-PERFORATED INTERVALS: From <u>34</u> ft. to <u>49</u> ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From <u>32</u> ft. to <u>49</u> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.																																					
<b>6 GROUT MATERIAL:</b> 1 Neat cement 2 <u>Cement grout</u> 3 <u>Bentonite</u> 4 Other ..... Grout Intervals: From <u>0</u> ft. to <u>30</u> ft., From <u>30</u> ft. to <u>32</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 <u>12 Fertilizer storage</u> 16 Other (specify below) 13 Insecticide storage Direction from well? <u>South East</u> How many feet? <u>120</u>																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td><u>0</u></td><td><u>24</u></td><td><u>red brown, silty CLAY</u></td><td></td><td></td><td></td></tr><tr><td><u>24</u></td><td><u>30</u></td><td><u>red brown, clayey fine SAND</u></td><td></td><td></td><td></td></tr><tr><td><u>30</u></td><td><u>38</u></td><td><u>red brown, silty fine to med SAND</u></td><td></td><td></td><td></td></tr><tr><td><u>38</u></td><td><u>50</u></td><td><u>brown, med to coarse SAND</u></td><td></td><td></td><td></td></tr><tr><td colspan="6" style="text-align: center; padding: 20px;"><u>casing height variance granted.</u></td></tr></tbody></table>		FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	<u>0</u>	<u>24</u>	<u>red brown, silty CLAY</u>				<u>24</u>	<u>30</u>	<u>red brown, clayey fine SAND</u>				<u>30</u>	<u>38</u>	<u>red brown, silty fine to med SAND</u>				<u>38</u>	<u>50</u>	<u>brown, med to coarse SAND</u>				<u>casing height variance granted.</u>					
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<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>3-16-90</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>3-16-90</u> under the business name of <u>Groundwater Tech., Inc.</u> by (signature) <u>Bryan Ireland</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.																																					