

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number																																																	
County: Sedgwick		NW ¼ SE ¼ NW ¼		21	T 27 S	R 1E E/W																																																	
Distance and direction from nearest town or city street address of well if located within city? 243 N. Rock Island, 45°S 93'W of SE cor. Rowdy Gees, Wichita																																																							
2 WATER WELL OWNER: Formerly Merchant Oil Co., Inc.																																																							
RR#, St. Address, Box #: 105 S. Ridgewood																																																							
City, State, ZIP Code: Wichita, KS 67218																																																							
Board of Agriculture, Division of Water Resources Application Number:																																																							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: 20 ft. ELEVATION:																																																					
		Depth(s) Groundwater Encountered 14.5 ft.																																																					
		WELL'S STATIC WATER LEVEL 14.32 ft. below land surface measured on mo/day/yr 8/9/94																																																					
		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 8 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) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well																																																					
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____																																																					
		Water Well Disinfected? Yes _____ No X																																																					
5 TYPE OF BLANK CASING USED:																																																							
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Threaded Flush Blank casing diameter 2.0 in. to _____ ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft. Casing height above land surface Flush 0 in. weight 7.03 lbs./ft. Wall thickness or gauge No. 154																																																							
TYPE OF SCREEN OR PERFORATION MATERIAL:																																																							
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:																																																							
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____																																																							
SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft.																																																							
GRAVEL PACK INTERVALS: From 9 ft. to 20 ft.																																																							
6 GROUT MATERIAL:																																																							
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Intervals: From 2.5 ft. to 9.0 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 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage																																																							
Direction from well? N.W.																																																							
How many feet? 250																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">FROM</th> <th>TO</th> <th>LITHOLOGIC LOG</th> <th>FROM</th> <th>TO</th> <th>PLUGGING INTERVALS</th> </tr> </thead> <tbody> <tr> <td>0.0</td> <td>3.0</td> <td></td> <td>Fill</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.0</td> <td>6.0</td> <td></td> <td>Sandy Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>6.0</td> <td>8.0</td> <td></td> <td>Sand, fine-med grain</td> <td></td> <td></td> <td></td> </tr> <tr> <td>8.0</td> <td>12.0</td> <td></td> <td>Sand, fine-coarse</td> <td></td> <td></td> <td></td> </tr> <tr> <td>12.0</td> <td>17.0</td> <td></td> <td>Clay, silty</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17.0</td> <td>20.0</td> <td></td> <td>Sand coarse-very coarse</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							FROM		TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0.0	3.0		Fill				3.0	6.0		Sandy Clay				6.0	8.0		Sand, fine-med grain				8.0	12.0		Sand, fine-coarse				12.0	17.0		Clay, silty				17.0	20.0		Sand coarse-very coarse			
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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) 8/9/94 and this record is true to the best of my knowledge and belief. Kansas																																																							
Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 11/11/94																																																							
under the business name of GSI by (signature) Greg Armstrong																																																							
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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.																																																							

A. Irwin contacted Don Taylor on 11-30-94 about forms being turned in late.