

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																										
County: Sedgwick		SW ¼ NE ¼ NE ¼	19	T 27 S	R 2 EW																																										
Distance and direction from nearest town or city street address of well if located within city? 7707 East Central, Wichita, Kansas, 466' FNL & 416' FEL of Section																																															
2 WATER WELL OWNER:		Dillon Stores, Inc.	01948016 EB-16																																												
RR#, St. Address, Box # :		P.O. Box 1608	Board of Agriculture, Division of Water Resources																																												
City, State, ZIP Code :		Hutchinson, Kansas 67504-1608	Application Number:																																												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 30 ft. ELEVATION: Approx. 1350																																														
Diagram of a section box divided into four quadrants: NW, NE, SW, SE. An 'X' is marked in the NW quadrant. A scale bar indicates 1 Mile.	Depth(s) Groundwater Encountered 1. 11.6 ft. 2. . ft. 3. . ft.																																														
	WELL'S STATIC WATER LEVEL 16.98 ft. below land surface measured on mo/day/yr 09/06/94																																														
	Pump test data: Well water was . ft. after . hours pumping . gpm																																														
	Est. Yield N/A gpm: Well water was . ft. after . hours pumping . gpm																																														
	Bore Hole Diameter . 9 in. to . 35 ft., and . in. to . ft.																																														
WELL WATER TO BE USED AS:																																															
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 .																																															
Blank casing diameter . 4 in. to . 30 ft., Dia . in. to . ft., Dia . in. to . ft.																																															
Casing height above land surface . 0 in., weight . lbs./ft. Wall thickness or gauge No. Schedule 40																																															
TYPE OF SCREEN OR PERFORATION MATERIAL:																																															
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement																																															
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) .																																															
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																																															
3 Torch cut 10 Other (specify) .																																															
SCREEN-PERFORATED INTERVALS: From . 10 ft. to . 30 ft., From . ft. to . ft.																																															
GRAVEL PACK INTERVALS: From . 10 ft. to . 30 ft., From . ft. to . ft.																																															
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																																															
Grout Intervals: From . 1 ft. to . 8 ft., From . 8 ft. to . 10 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 12 Fertilizer storage 16 Other (specify below)																																															
13 Insecticide storage																																															
Direction from well? How many feet?																																															
<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>0.0</td> <td>3.0</td> <td>Fill: Brown Lean Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3.0</td> <td>5.0</td> <td>Brown, Lean to Fat Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5.0</td> <td>10.0</td> <td>Tan to Olive-Brown Fat Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td>10.0</td> <td>30.0</td> <td>Brown to Olive-Green Fat Clay</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Highly Weathered Shale</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30.0</td> <td>35.0</td> <td>Gray to Dark Gray Shale</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0.0	3.0	Fill: Brown Lean Clay				3.0	5.0	Brown, Lean to Fat Clay				5.0	10.0	Tan to Olive-Brown Fat Clay				10.0	30.0	Brown to Olive-Green Fat Clay						Highly Weathered Shale				30.0	35.0	Gray to Dark Gray Shale			
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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) 09/19/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 10/4/94 under the business name of Terracon Consultants, Inc. by (signature) Steve Fisher																																															
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.																																															