

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Sedgwick</u>		<u>NE 1/4 NW 1/4 NW 1/4</u>		<u>17</u>		<u>T 28 S</u>		<u>R 1 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>901 W. MacArthur Rd., Wichita KS</u>									
2 WATER WELL OWNER: <u>OXY USA Inc</u>									
RR#, St. Address, Box # : <u>110 W. 7th St.</u>									
City, State, ZIP Code : <u>Tulsa, OK 74119</u>									
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: <u>20</u> ft. ELEVATION:						
			Depth(s) Groundwater Encountered 1. <u>12</u> ft. 2. _____ ft. 3. _____ ft.						
			WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr						
			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>8.75</u> in. to <u>20</u> 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 <u>Air Sparge #19</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 _____						
5 TYPE OF BLANK CASING USED:									
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 _____ 7 Fiberglass _____ Threaded <u>Flush Jt.</u>									
Blank casing diameter <u>2</u> in. to <u>18</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>Flush mount</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Sch. 40</u>									
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) _____ 12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
<u>Continuous slot</u> 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 <u>18</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>16</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout intervals: <u>3</u> From <u>14</u> ft. to <u>16</u> ft., <u>1</u> From <u>3</u> ft. to <u>14</u> ft., <u>2</u> From <u>0</u> ft. to <u>3</u> 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) <u>Former fuel Storage & processing on site</u> How many feet? _____									
Direction from well? _____									
LITHOLOGIC LOG									
FROM	TO	LITHOLOGIC LOG						FROM	TO
<u>0</u>	<u>2'</u>	<u>Sand fine grain</u>							
<u>2'</u>	<u>8'</u>	<u>Silty sand fine grain</u>							
<u>8'</u>	<u>15'</u>	<u>Clayey Silty sand, med fine grain</u>							
<u>15'</u>	<u>20'</u>	<u>Sand with some clayey silty, coarse grain</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>12/16 - 12/20/96</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>603</u> This Water Well Record was completed on (mo/day/yr) <u>1/18/97</u> under the business name of <u>Whitefall Services Inc</u> by (signature) <u>[Signature]</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 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.									

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