LOCATION OF WATER WELL: Fraction Content Covery SE 2. NE v. SE v. NE v. SW 2.	WATE	R WELL	RECORD	Form WWC-5	Division	n of Water Reson	urces; App. No.		
located within city? 1400 Main St. Winfield, KS Lalitude: N. 37.25113*					W 1/4 Sect	tion Number 28	Township Number T 32 S	Range Number	
Continuous slot Continuous	Distance and direction from nearest town or city street address of well if Global Positioning System (decimal degrees, min. of 4 digits)								
2 WATER WELL OWNER: QuikTrip Corporation RRR, St. Address, Box #. 4705. S.1.29 E. Ave. City. State. ZIP Code	located within city? 1400 Main St. Winfield, KS Latitude: N 37.23513°								
RR#, 5t. Address, Box # 1705 S. 120** E Ave. City, State, 2Pl Code	2 WATER WELL OWNER: Quil/Trip Corneration					Longitude: W 96.99683° Flevation: PIM: 1126.10, TOC: 1125.86			
City, State, ZIP Code TUSA, OK 74134-7008 LOCATON MYTH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL LOCATON WHAT AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL LOCATON WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Est Yield gent well water was S. Hafter hours pumping gent WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Est Yield Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No. X. 'If yes, mo/day/yrs Sample was submitted Water Well Disnected? Yes No. X. S TYPE OF CASINO USED: 5 Wrought Iron 8 Concrete tile CASING JONTS: Glade Clamped Water Well Disnected? Yes No. X. S TYPE OF SCREEN OR PERFORNTION MATERIAL Lower Benginth below land surface 2 PVC 4 ABS To Fiberglass Blank casing diameter 2 in to 12.5, ft, Dia in to ft, Dia in. to ft, Dia Continuous slot Milli slot SCREEN-PERFORATION MATERIAL Continuous Slot Milli	RR#. S	St. Address.	Box # : 4705 S	. 129 th E Ave.	Dat	um: WGS	84	.5.00	
LOCATON WITH AN "X" IN SECTION BOX: N USEL'S STATIC WATER LEVEL WELL'S STATIC WATER LEVEL WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well User was find after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well User was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No X; If yes, mo/day/yrs Sample was submitted 3 PVC 4 ABS 7 Fiberglass Blank casing diameter 2 in to 12.5 fi, Dia No fi. Dia in to Raise and Sample submitted to Department? Yes No X; If yes, mo/day/yrs Welded 3 PVC 4 ABS 7 Fiberglass Blank casing diameter 2 in to 12.5 fi, Dia In to fi. Dia in to fi. Casing height below land surface well and surface measured on mo/day/yrs Screen New PERFORATION OPEN NEW AND SURFACE well and surface measured on mo/day/yrs Welled divers was find the well well below? SCREEN NEW PERFORATION OPEN NEW ARE SURFACE well and surface measured on mo/day/year well and surface measured of the well and surface measured on the well and su	City, S	State, ZIP Co	ode : Tulsa,	OK 74134-7008	Dat	a Collection M	lethod: legal survey		
LOCATON WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 14.49 ft. below land surface measured on mo/day/yr 4/23/10	1		'S 4 DEPTH OF	COMPLETED WELL			ft.		
SECTION BOX: WELL'S STATIC WATER LEVEL 14.49 ft. below land surface measured on mo/day/yr 4/23/19. Well water was ft. after hours pumping gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) () Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes mo/day/yrs Sample was submitted Water well Disinfected? Yes No X Sample was submitted Value Well Disinfected? Yes No X Sample was submitted Value Well Disinfected? Yes No X Sample was submitted Value Well Disinfected? Yes No X Value Wellow Value Value Wellow Value						W14			
Pump test data: Well water was ft. after hours pumping gpm well was a chemical/bacteriological sample submitted to Department? Yes No X, If yes, mo/day/yrs Sample was submitted to Department? Yes No X, If yes, mo/day/yrs Sample was submitted to Department? Yes No X, If yes, mo/day/yrs Sample was submitted to Department? Yes No X, If yes, mo/day/yrs Sample was submitted to Department? Yes No X, If yes, mo/day/yrs Sample was submitted to Department? Yes No X, If yes, mo/day/yrs Sample was submitted to Concrete tile CASING IONTS: Glued Clamped 1 Steele 3 RM (SR) 7 Fiberglass Threaded X. Blank casing diameter 2 in to 12.5 ft. Dia in to ft. Di	1		N Depth(s) Groun	ndwater Encountered 1		ft. 2	ft. 3	ft.	
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Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			Est. Yield	gpm: Well water w	as	nt. after	nours pump	ing gpm	
Section Sect	NV	V—— NE —	WELL WATE	KIUBE USED AS: 5 P	ublic water	supply 8 Air	conditioning II is	njection well	
Sample was submitted Water Well Disinfected? Yes No X Sample was submitted Water Well Disinfected? Yes No X	w		E 2 Irrigation 4	Industrial 7 Domestic (uei suppiy awn & gard	en) (10)Moni	toring well	ier (Specify below)	
S Sample was submitted		X := _	2 migation 4	industrial / Domestic (awn & gard	cii) (to)ivioiii	toring won		
S Sample was submitted Water Well Disinfected? Yes No X 5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded X Blank casing diameter 2 in. to 12.5 ft, Dia in. to ft, Dia in. to ft. Casing height below land surface 0.33 ft, Weight lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) 5 CREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauze wrapped 8 Saw Cut 10 Other (specify) 10	Sy	V JE	Was a chemica	l/bacteriological sample s	ubmitted to	Department?	Yes No X :	If yes mo/day/yrs	
STYPE OF CASING USED: 5 Wrought Iron	Sample was submitted Water Well Disinfected? Yes No Y								
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Direction from well? NE How many feet? ~100 ft FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 0.5 Concrete 0.5 4 Dark brown silty clay 4 6 Dark brown and gray silty clay grading to 6 8 Red brown silty clay 8 12 Red brown with gray mottling silty clay with fine sand and limestone gravel 12 22.5 Red brown with gray mottling silty clay with fine sand and limestone gravel Flushmount waiver from BOW 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) 4/22/10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 757 This Water Well Record was completed to (mo/day/year) 6/3/10 under the business name Larsen & Associates, Inc. by (signature) INSTRUCTIONS: Please fill in blanks or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420. Topeka, Kansas 66612-1367. Telephone 785-296-5522. Sendone to WATER WELL OWNER and retain one for									
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