

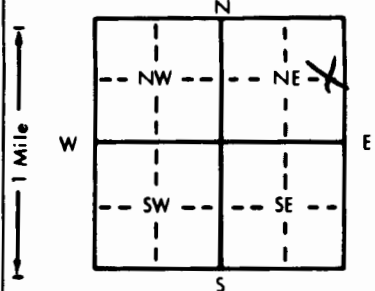
1 LOCATION OF WATER WELL: County: <u>Montgomery</u>	Fraction <u>SE 1/4 NE 1/4 NE 1/4</u>	Section Number <u>1</u>	Township Number <u>T 35 S</u>	Range Number <u>R 16 E</u>
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Distance and direction from nearest town or city street address of well if located within city?

823 NE St.

2 WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	<u>Coastal Mart</u> <u>9 Greenway Plaza</u> <u>Houston, TX 77046</u>	<u>MWS</u> Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: <u>15</u> ft. ELEVATION:
Depth(s) Groundwater Encountered 1. _____ 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 _____ in. to _____ ft., and _____ in. to _____ ft.
WELL WATER TO BE USED AS:
5 Public water supply <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 11 Injection well <input type="checkbox"/>
1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) _____
2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> <u>10</u> Monitoring well <input checked="" type="checkbox"/>
Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> <u>No</u> _____; If yes, mo/day/yr sample was submitted _____
Water Well Disinfected? Yes <input type="checkbox"/> <u>No</u> _____

5 TYPE OF BLANK CASING USED:	5 Wrought iron <input type="checkbox"/>	8 Concrete tile <input type="checkbox"/>	CASING JOINTS: Glued _____ Clamped _____
1 Steel <input type="checkbox"/>	3 RMP (SR) <input type="checkbox"/>	6 Asbestos-Cement <input type="checkbox"/>	9 Other (specify below) _____
<u>2</u> PVC <input checked="" type="checkbox"/>	4 ABS <input type="checkbox"/>	7 Fiberglass <input type="checkbox"/>	_____
Blank casing diameter <u>2</u> in. to <u>4.5</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.	Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____		
Casing joints _____	_____		
TYPE OF SCREEN OR PERFORATION MATERIAL:	<u>PVC</u>		
1 Steel <input type="checkbox"/>	3 Stainless steel <input type="checkbox"/>	5 Fiberglass <input type="checkbox"/>	8 RMP (SR) <input type="checkbox"/>
2 Brass <input type="checkbox"/>	4 Galvanized steel <input type="checkbox"/>	6 Concrete tile <input type="checkbox"/>	9 ABS <input type="checkbox"/>
10 Asbestos-cement <input type="checkbox"/>	11 Other (specify) _____		12 None used (open hole) <input type="checkbox"/>
SCREEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrapped <input type="checkbox"/>	8 Saw cut <input type="checkbox"/>	11 None (open hole) <input type="checkbox"/>
1 Continuous slot <input type="checkbox"/>	<u>3</u> Mill slot <input checked="" type="checkbox"/>	6 Wire wrapped <input type="checkbox"/>	9 Drilled holes <input type="checkbox"/>
2 Louvered shutter <input type="checkbox"/>	4 Key punched <input type="checkbox"/>	7 Torch cut <input type="checkbox"/>	10 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From <u>4.5</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS: From <u>2.9</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			

6 GROUT MATERIAL:	1 Neat cement <input type="checkbox"/>	2 Cement grout <input checked="" type="checkbox"/>	3 Bentonite <input checked="" type="checkbox"/>	4 Other _____
Grout Intervals: From <u>0</u> ft. to <u>1</u> ft., From <u>1</u> ft. to <u>2.9</u> ft., From _____ ft. to _____ ft.				
What is the nearest source of possible contamination:	1 Septic tank <input type="checkbox"/>	4 Lateral lines <input type="checkbox"/>	7 Pit privy <input type="checkbox"/>	10 Livestock pens <input type="checkbox"/>
	2 Sewer lines <input type="checkbox"/>	5 Cess pool <input type="checkbox"/>	8 Sewage lagoon <input type="checkbox"/>	11 Fuel storage <input type="checkbox"/>
	3 Watertight sewer lines <input type="checkbox"/>	6 Seepage pit <input type="checkbox"/>	9 Feedyard <input type="checkbox"/>	12 Fertilizer storage <input type="checkbox"/>
				13 Insecticide storage <input type="checkbox"/>
				14 Abandoned water well <input type="checkbox"/>
				15 Oil well/Gas well <input type="checkbox"/>
				<u>16</u> Other (specify below) <u>from MWS</u>
Direction from well? _____	How many feet? _____			

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Topsoil, Black</u>			
<u>2</u>	<u>3</u>	<u>Fill</u>			
<u>3</u>	<u>5</u>	<u>Clay, black</u>			
<u>5</u>	<u>7</u>	<u>Clay, Dark Brown, 7-c sand</u>			
<u>7</u>	<u>15</u>	<u>Clay, Red Brown, 7-c sand</u>			

Flushing Waiver
by D. Taylor

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>2/11/98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>483</u> This Water Well Record was completed on (mo/day/yr) <u>7/25/88</u> under the business name of <u>T.E.S.T.</u> by signature <u>Ron Wood by LL</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.