

1 LOCATION OF WATER WELL: County: Saline Fraction SE 1/4 SW 1/4 SW 1/4 Section Number 17 Township Number T 14 S Range Number R 2 E/W

Distance and direction from nearest town or city street address of well if located within city? 657 Fairdale - Salina, Kansas

2 WATER WELL OWNER: Kwik Shop RR#, St. Address, Box #: P.O Box 1927 City, State, ZIP Code: Hutchinson, Kansas 67504-1927 Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN 'X' IN SECTION BOX: [Diagram of section box with 'X' in SW corner] 4 DEPTH OF COMPLETED WELL: 30 ft. ELEVATION: 1233.61. WELL'S STATIC WATER LEVEL: 22.26 ft. below land surface measured on 9/19/96. Pump test data: NA. Est. Yield: NA. Bore Hole Diameter: 8 in. to 30 ft. WELL WATER TO BE USED AS: 10 Monitoring well.

5 TYPE OF BLANK CASING USED: 2 PVC. Blank casing diameter: 2 in. to 20 ft. Casing height above land surface: -3.36 in. TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC. SCREEN OR PERFORATION OPENINGS ARE: 3 Mill slot. SCREEN-PERFORATED INTERVALS: From 20 ft. to 30 ft. GRAVEL PACK INTERVALS: From 18 ft. to 30 ft.

6 GROUT MATERIAL: 2 Cement grout. Grout Intervals: From 0 ft. to 16 ft. What is the nearest source of possible contamination: 16 Other (specify below) UST Basin. Direction from well? S. How many feet? 30.

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Lithologic log entries: 0-0.5 Asphalt, 0.5-3 Clay, Dark Brown, 3-27 Clay, Red Brown, 27-30 Sand, Brown. Plugging intervals: MW8, Tag # 00172110, Flushmount; Project Name: Kwik Shop #742; GeoCore # 351, KDHE # U5 085 10550.

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) 10/14/96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/yr) 11/14/96 under the business name of GeoCore Services, Inc. by (signature) Dale Robb.

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.

OFFICE USE ONLY

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