

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																										
County: Sedgwick		SW 1/4 NW 1/4 NW 1/4	25	T 27 S	R 1 EW																																										
Distance and direction from nearest town or city street address of well if located within city? 400 S. West Street, Wichita, Ks																																															
2 WATER WELL OWNER:																																															
RR#, St. Address, Box # Coastal Mart #9109 Attn: Denie Konen			Board of Agriculture, Division of Water Resources																																												
City, State, ZIP Code 110 S. Main, Suite 500, Wichita, Ks 67202			Application Number:																																												
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 20 ft. ELEVATION:																																													
		Depth(s) Groundwater Encountered 1.14.6 ft. 2. _____ ft. 3. _____ ft.																																													
		WELL'S STATIC WATER LEVEL 13.6 ft. below land surface measured on mo/day/yr 1/9/96																																													
		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 8.625 in. to 20 ft. and _____ in. to _____ ft.																																													
WELL WATER TO BE USED AS:																																															
5 Public water supply 8 Air conditioning 11 Injection well 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 mw-11																																															
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 X 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ Blank casing diameter 2 in. to 10 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface 0 in., weight SCH 40 lbs./ft. Wall thickness or gauge No. _____ TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)																																															
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 SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From _____ ft. to _____ ft. SAND From 9 ft. to 20 ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																															
6 GROUT MATERIAL:																																															
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout intervals: From 0 ft. to _____ ft., From _____ ft. to _____ 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) Contaminated Si Direction from well? _____ How many feet? _____																																															
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 12/21/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) _____ by (signature) [Signature] 1/15/95 under the business name of Associated Environmental, Inc.																																															
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.																																															