mw-16

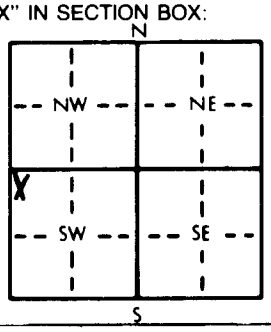
WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction: SW ¼ NW ¼ NW ¼	Section Number: 25	Township Number: T 27 S	Range Number: R 1 E/W

Distance and direction from nearest town or city street address of well if located within city?
400 S. West Street, Wichita, Kansas

2 WATER WELL OWNER:
RR#, St. Address, Box # Coastal Mart #9109 Attn: Denie Konen
City, State, ZIP Code 110 S. Main, Suite 500, Wichita, KS 67202
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 19 ft. ELEVATION: ____
Depth(s) Groundwater Encountered 1. 14 ft. 2. ____ ft. 3. ____ ft.
WELL'S STATIC WATER LEVEL 13.77 ft. below land surface measured on mo/day/yr 3/26/96
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-16
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: 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 9 ft., Dia ____ in. to ____ ft., Dia ____ in. to ____ ft.
Casing height above land surface 0 in., weight SCH 40 PVC 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: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot (3) Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ____
SCREEN-PERFORATED INTERVALS: From 9 ft. to 19 ft., From ____ ft. to ____ ft.
From ____ ft. to ____ ft., From ____ ft. to ____ ft.
~~GRAVEL~~ SAND PACK INTERVALS: From 8 ft. to 20 ft., From ____ ft. to ____ ft.
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 6 ft., From 6 ft. to 8 ft., From ____ ft. to ____ ft.
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage (16) Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
Direction from well? How many feet? Contaminated Si

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	0.50	Asphalt			
0.50	2.00	Fill			
2.00	4.50	Sandy Silt (ML)			
4.50	14.00	Silty Sand (SM)			
14.00	20.00	Sand (SP)			
20.00	TD	End of borehole			
					Flush Mount
					waiver
					D.Taylor
					7/14/95

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) 3-26-96 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ~~9/6/95~~ 585 This Water Well Record was completed on (mo/day/yr) 4-12-96 under the business name of Associated Environmental, Inc by (signature) D Johnson for ~~9/18/95~~ Dave Duca

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 T R E/W SEC. ¼ ¼ ¼