

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number																											
	County: <u>Sedgwick</u> <u>NW 1/4 NW 1/4 NW 1/4</u>	<u>17</u>	<u>27S</u>	<u>01</u> E02																											
Distance and direction from nearest town or city street address of well if located within city? <u>10315 W. 15th Wichita</u>																															
2	WATER WELL OWNER: <u>Quick Trip Corp.</u> RR #, St. Address, Box #: <u>PO Box 3475</u> City, State, ZIP Code: <u>Tulsa, OK 74101-3475</u> Board of Agriculture, Division of Water Resources Application Number:																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																														
		4	DEPTH OF WELL <u>33.12</u> ft.																												
		WELL'S STATIC WATER LEVEL <u>25.16</u> ft.																													
		WELL WAS USED AS:																													
		<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>☒ 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	☒ 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other																
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes No <u>X</u>																															
5	TYPE OF BLANK CASING USED:																														
<table style="width:100%; border: none;"> <tr> <td style="width:16%;">1 Steel</td> <td style="width:16%;">3 RMP (SR)</td> <td style="width:16%;">5 Wrought</td> <td style="width:16%;">7 Fiberglass</td> <td style="width:36%;">9 Other (Specify below)</td> </tr> <tr> <td>☒ 2 PVC</td> <td>4 ABS</td> <td>6 Asbestos Cement</td> <td>8 Concrete tile</td> <td></td> </tr> </table>					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	☒ 2 PVC	4 ABS	6 Asbestos Cement	8 Concrete tile																		
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>33 + 12 ft</u> Casing height above or below land surface _____ in.																															
8	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other _____																														
Grout Plug Interval: From <u>20</u> ft to <u>1</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																															
What is the nearest source of possible contamination:																															
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Direction from well? <u>S</u> How many feet? <u>10</u>																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">1</td> <td>chip bentonite - hydrated after every bag</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	20	1	chip bentonite - hydrated after every bag																					
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/24/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>650</u> This Water Well Record was completed on (mo/day/year) <u>4/22/05</u> under the business name of <u>Deffenbaugh Field Services</u> by (signature) <u>[Signature]</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																															