	WELL F			WWC-5			ion of Water		W. II ID	RMW-16		
	al Record [ge in Well Use		•	rces App. No.		Well ID	aca Number		
1 LOCATION OF WATER WI County: Sedgwick			ıL:	Fraction 4 NW 4 NW		Section	on Number 13	Township Numl		nge Number		
	,			First:		Rural						
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance Business: BP Products North America direction from nearest town or intersection): If at owner's address, check he												
Address:	28100 To	rch Parkway			i i	QuikTrip #0360R (Former Amoco #7402)						
						3933 West 13th Street						
3 LOCAT												
1	WITH "Y" IN 4 DEPTH OF COMPLETED WELL:											
SECTIO	ON BOX:	Depth(s) Gr	Depth(s) Groundwater Encountered: 1)20. 2)N/A ft. 3)N/A ft., or 4)									
1	N	WELL'S STATIC WATER LEVEL:18.00				Dry Well Horizontal Datum: WGS 84 □ NAD 83 □ NAD 27 Source for Latitude/Longitude:						
		below land surface, measured on (mo-day-yr										
NW	NE	above la	above land surface, measured on (mo-day-yr									
	1 1 1	Pump test d	Pump test data: Well water was				Land Survey Topographic Map					
W	E	after	gpm	om Online Mapper:								
sw	SE	after. N	. 1t. 9pm	1		4045.40						
		Estimated Y	after N/A hours pumping N/A g Estimated Yield: N/A gpm				6 Elevation:					
1	S	Bore Hole D	ft. and	ft. and Source: Land Survey GPS Topographic								
1 mile N/A in. to N/A ft Other												
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID												
☐ House		3. ⊔ 6. □	PUDIIC Wa Dewaterin	uer Suppiy: Well ID.		••••	IV. ☐ UII I	leid water Supply: I	ease			
_					ow many wells?			11. Test Hole: well ID ☐ Cased ☐ Uncased ☐ Geotechnical				
Livest	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					W-16 12. Geothermal: how many bores?						
	☐ Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical						
3. Feedlot Air Sparge Soil					r Extraction	b) Open Loop Surface Discharge Inj. of Water 13. Other (specify):						
4. Indust			Recovery									
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? ☐ Yes No 8 TYPE OF CASING USED: ☐ Steel PVC ☐ Other												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From .15 ft. to .25 ft., From .N/A ft. to .N/A ft., From .N/A ft. to .N/A ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other Concrete 0 to 2 feet Grout Intervals: From												
Nearest source of possible contamination:												
☐ Septic☐ Sewer		_	ateral Line Cess Pool			_	vestock Pens		cide Storage			
		_		☐ Sewage I ☐ Feedyard			iel Storage		oned Water			
Other (Specify)												
Direction from well? North Distance from well? ~25 ft.												
10 FROM	ТО		ITHOLOG	GIC LOG	FROM		TO LI	THO. LOG (cont.) o	PLUGGIN	G INTERVALS		
0		Asphalt/Cond										
2				high plastic CLA								
5.5				brn, silty, f. SANE)	_						
8.5				n, sandy SILT		-						
11.5				bm, silty, f. SANE)			 				
13				tan, f-m SAND	Notes:							
17	25	or. mu dens	e, moist t	to wet, m-c SAND	- Hotes:							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, preconstructed, or plugged												
under my jurisdiction and was completed on (mo-day-year) .720-20.16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No759 This Water Well Record was completed on (mo-day-year) 8-10-2016												
Kansas Wa	iter Well Coi	ntractor's Lice	ense No7	759 This W	/ater Well]	Record	d was comp	lefted on (m) p-day-y	ear) .8:.10:	2016		
under the b	usiness nam	e of JXALEA	בחאונעתב	nenial. LLC		.Signa	ature (./M///	/ V V) . II K J . U				
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.												
	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											