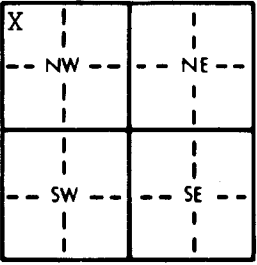


1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>		Fraction NW 1/4 NW 1/4 NW 1/4	Section Number <u>36</u>	Township Number T <u>27</u> S	Range Number R <u>1</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>1622 South West Street</u>					
2 WATER WELL OWNER: <u>Town & Country Markets</u>		<u>01948025</u>		<u>MW-3</u>	
RR#, St. Address, Box #: <u>P.O. Box 17087</u>		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code: <u>Wichita, Kansas 67217</u>		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>18.5</u> ft. ELEVATION: <u>Approx. 1299.0</u>			
		Depth(s) Groundwater Encountered 1. <u>12.0</u> ft. 2. <u>12.0</u> ft. 3. <u>12.0</u> ft.			
		WELL'S STATIC WATER LEVEL <u>12.2</u> ft. below land surface measured on mo/day/yr <u>09/21/94</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <u>N/A</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
Bore Hole Diameter <u>8.25</u> in. to <u>18.5</u> ft., and _____ in. to _____ ft.		WELL WATER TO BE USED AS:			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)		5 Public water supply 8 Air conditioning 11 Injection well			
2 Irrigation 4 Industrial 7 Lawn and garden only <u>10</u> Monitoring well					
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:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____			
<u>2</u> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____		Threaded <u>X</u> _____			
7 Fiberglass _____					
Blank casing diameter <u>2</u> in. to <u>8.5</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>-3</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>Schedule 40</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____		<u>7</u> PVC 10 Asbestos-cement			
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot <u>3</u> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)		6 Wire wrapped 9 Drilled holes			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>8.5</u> ft. to <u>18.5</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>7.5</u> ft. to <u>18.5</u> ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1</u> Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____					
Grout Intervals: From <u>0</u> ft. to <u>5.5</u> ft., From <u>5.5</u> ft. to <u>7.5</u> 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		11 Fuel storage 15 Oil well/Gas well			
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)		13 Insecticide storage _____ UST _____			
3 Watertight sewer lines 6 Seepage pit 9 Feedyard					
Direction from well? _____ How many feet? _____					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0.0		0.5		Asphalt	
0.5		1.0		Brown Fine Sand	
1.0		4.5		Brown, Sandy Silt	
4.5		5.0		Brown, Silty, Lean to Fat Clay	
5.0		7.0		Brown Fine Sand	
7.0		7.5		Brown, Silty, Lean to Fat Clay	
7.5		12.0		Brown, Silty, Fine to Medium Sand	
12.0		18.5		Brown, Fine to Coarse Sand	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>1</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>09/12/94</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>416</u> This Water Well Record was completed on (mo/day/yr) <u>9-29-94</u> under the business name of <u>Terracon Consultants, Inc.</u> by (signature) <u>Steve Fisher</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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					