

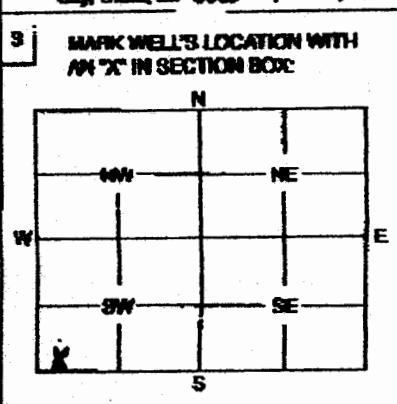
1 LOCATION OF WATER WELL: Fraction SW 1/4 Section Number 15 Township Number T10S Range Number R23E EW

County: WYANDOTTE

Distance and direction from nearest town or city street address of well if located within city?
SEE DRAWING BELOW

2 WATER WELL OWNER: LATANYA STUBBINGS
11430 HOLLINGSWORTH ROAD
 RR #, St. Address, Box #:
 City, State, ZIP Code: KANSAS CITY, KS 66109

Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL 8 ft. **COORDINATES OF WELL**
 WELL'S STATIC WATER LEVEL 3 ft. **N 32183.24**
E 2206868.55
ORIGINAL TOP OF ROCK ELEVATION = 880.72

WELL WAS USED AS:

<input checked="" type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering
<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input type="checkbox"/> 10 Monitoring Well
<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well
<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other

Was a chemical / bacteriological sample submitted to Department? Yes _____ No X
 If yes, monthly sample was submitted _____

Water Well Disinfected: Yes X No _____ CLOROX

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 5 Wrought	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 9 Other (Specify below)
<input type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	<u>SANDSTONE ROCK + CONCRETE</u>

Blank casing diameter 36 in. Was casing pulled? Yes X No _____ If yes, how much 34
 Casing height above or below land surface 24 in. ABOVE

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

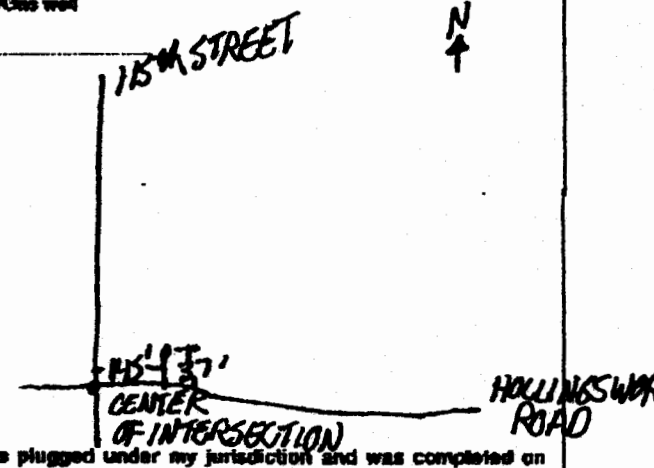
Grout Plug Interval: From 4 ft. to 3 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination? N/A

<input type="checkbox"/> 1 Sepsic tank	<input type="checkbox"/> 6 Sewage pit	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Water-tight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Ore well	

Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
8'	4'	SAND (28.3 cu ft)
4'	3'	BENTONITE (7.1 cu ft)
3'	0'	CUT OFF / REMOVED



7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (month/year) 4-21-08 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 4-21-08 under the business name of A.E. VANFLEET EXCAVATING This Water Well Record was completed on (month/year) _____ by (signature) Bill Van Fleet

INSTRUCTIONS: Use typewriter or ball point pen. Please print fully 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., Sta. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-6522. Send one to Water Well Owner and retain one for your records.