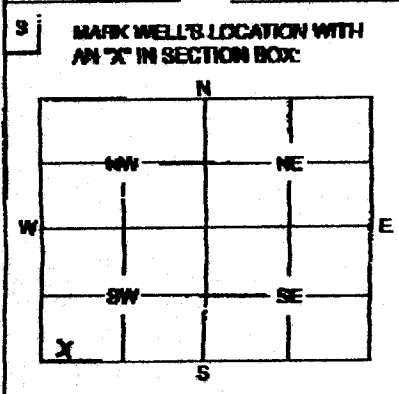


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: WYANDOTTE	SW $\frac{1}{4}$ $\frac{1}{4}$	15	T10S	R23E EW

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**
 RR #, St. Address, Box #: **11430 HOLLINGSWORTH ROAD**
 City, State, ZIP Code: **KANSAS CITY, KS 66109**
 Board of Agriculture, Division of Water Resources
 Application Number:



4 DEPTH OF WELL **27'** ft. **COORDINATES OF WELL**
 WELL'S STATIC WATER LEVEL **5.33** ft. **N 321196.85**
E 2206919.07
ORIGINAL TOP ELEVATION = 882.53 ft

WELL WAS USED AS:

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

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

Water Well Disinfected: Yes No _____ **CLOROX**

5 TYPE OF BLANK CASING USED:

<input checked="" 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 checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 8 Concrete Tile	

Blank casing diameter **6** in. Was casing pulled? Yes No _____ If yes, how much **5 ft**
 Casing height above or below land surface **BELOW 12** in.

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

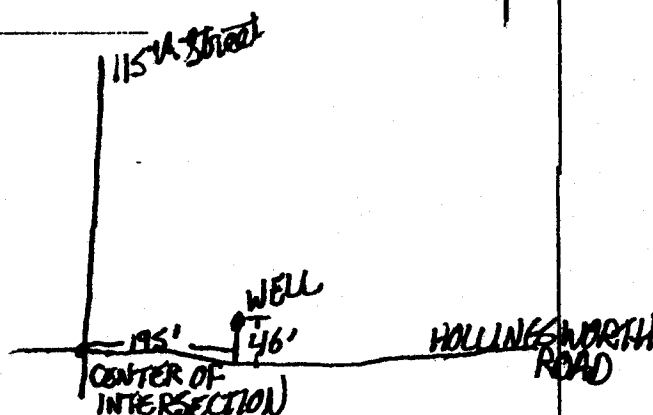
Grout Plug Interval: From **8** ft. to **5** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination: **N/A**

<input type="checkbox"/> 1 Septic 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 Watertight 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/Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
27'	8'	SAND (3.73 H ³)
8'	5'	BENTONITE (0.588 H ³)
5'	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** by (signature) **Bill Van Fleet** This Water Well Record was completed on (month/year)

INSTRUCTIONS: Use typewriter or ball point pen. Please print family 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.