

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Wyandotte</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>28</u>	<u>10 S</u>	<u>25 E</u> EW

Distance and direction from nearest town or city street address of well if located within city?
3150 N. 7th St TFWY KC K

2	WATER WELL OWNER: <u>BFI Waste Systems</u>				
	RR #, St. Address, Box #: <u>3150 N. 7th St TFWY</u>	Board of Agriculture, Division of Water Resources			
	City, State, ZIP Code: <u>KC, KS</u>	Application Number: _____			

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> </div>	<p>4 DEPTH OF WELL <u>23</u> ft.</p> <p>WELL'S STATIC WATER LEVEL _____ ft.</p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><u>10 Monitoring Well</u></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> <p>Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u></p> <p>If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected: Yes _____ No <u>X</u></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10 Monitoring Well</u>	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter _____ in. Was casing pulled? Yes X No _____ If yes, how much _____

Casing height above or below land surface 0 in.

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

Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<u>11 Fuel storage</u>	16 Other (specify below)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	
4 Lateral lines	9 Feedyard	14 Abandoned water well	
5 Cess pool	10 Livestock pens	15 Oil well/Gas well	

Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>2</u>	<u>Cement</u>
<u>~20</u>	<u>20'</u>	<u>bentonite grout</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 1/10/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 602 This Water Well Record was completed on (mo/day/year) _____

by (signature) [Signature] under the business name of Hydrologic, Inc.

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.