

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																
County: Wyandotte		SE ¼ SW ¼ SW ¼	15	11	24-East																																
Distance and direction from nearest town or city street address of well if located within city? 504 S. 70th Street, Kansas City, Kansas																																					
2 WATER WELL OWNER: ITT Industries																																					
RR#, St. Address, Box # 10 Mountainview Road																																					
City, State, ZIP Code : Upper Saddle River, New Jersey 07458																																					
Board of Agriculture, Division of Water Resources Application Number:																																					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>21.0</u> ft.																																			
<div style="text-align: center;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">NW</td><td style="width: 50px; height: 50px; text-align: center;">NE</td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">SW</td><td style="width: 50px; height: 50px; text-align: center;">SE</td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">X</td><td style="width: 50px; height: 50px;"></td></tr></table> S</div>				NW	NE			SW	SE	X		WELL'S STATIC WATER LEVEL <u>Dry</u> ft.																									
		NW	NE																																		
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WELL WAS USED AS:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning</div><div>9 Dewatering <input checked="" type="radio"/> 10 Monitoring Well 11 Injection Well 12 Other</div></div>																																					
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:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Steel <input checked="" type="radio"/> 2 PVC</div><div>3 RMP (SR) 4 ABC</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (specify below)</div></div>																																					
Blank casing diameter <u>2.375</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much? <u>20.0'</u>																																					
Casing height above or below land surface <u>Unknown</u> in. <u>Overdrilled well to 20'</u>																																					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input checked="" type="radio"/> 4 Other <u>Soils/Asphalt</u>																																					
Grout Plug Intervals From <u>21.0</u> ft. to <u>3.0</u> ft. From <u>3.0</u> ft. to <u>1.0</u> ft. From <u>1.0</u> ft. to <u>0.0</u> ft.																																					
What is the nearest source of possible contamination:																																					
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div><input checked="" type="radio"/> 11 Fuel storage (former) 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/ Gas well</div><div>16 Other (specify below)</div></div>																																					
Direction from well? <u>West</u> How many feet? <u>6</u>																																					
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">FROM</th><th style="width: 15%;">TO</th><th style="width: 15%;">CODE</th><th style="width: 55%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0.0</td><td>1.0</td><td></td><td>Asphalt</td></tr><tr><td>1.0</td><td>3.0</td><td></td><td>Soils</td></tr><tr><td>3.0</td><td>21.0</td><td></td><td>Bentonite chips</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	0.0	1.0		Asphalt	1.0	3.0		Soils	3.0	21.0		Bentonite chips																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>08/31/06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>692</u> This Water Well Record was completed on (mo/day/yr) <u>09/03/06</u> under the business name of <u>Quad State Services, Inc.</u> by (signature) <u>[Signature]</u>																																					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																					