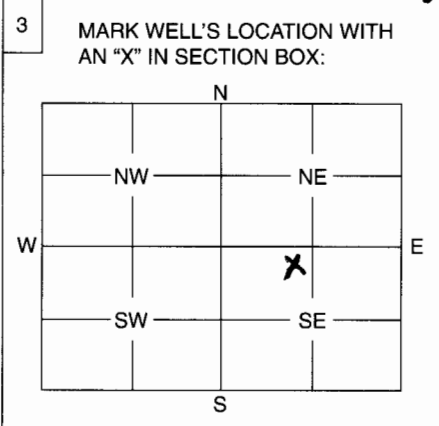


1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number  
 County: Wyadotte SE 1/4 NW 1/4 NE 1/4 32 11 S 24 EW

Distance and direction from nearest town or city street address of well if located within city?  
See map

2 WATER WELL OWNER: BNSF Railway Co  
 RR #, St. Address, Box #: 4515 Kansas Ave  
 City, State, ZIP Code: KCKS 66106  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_



4 DEPTH OF WELL 40 ft. MWBD-03  
 WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.  
 WELL WAS USED AS:  
 1 Domestic 5 Public Water Supply 9 Dewatering  
 2 Irrigation 6 Oil Field Water Supply 10  Monitoring Well  
 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well  
 4 Industrial 8 Air Conditioning 12 Other \_\_\_\_\_  
 Was a chemical / bacteriological sample submitted to Department? Yes \_\_\_\_\_ No   
 If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected: Yes \_\_\_\_\_ No

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  
 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile \_\_\_\_\_  
 Blank casing diameter 1 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much ALL  
 Casing height above or below land surface 29 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other \_\_\_\_\_  
 Grout Plug Intervals: From 40 ft. to 2 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 What is the nearest source of possible contamination:  
 1 Septic tank 6 Seepage pit 11 Fuel storage 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>40</u>	<u>2</u>	<u>Bentonite</u>
<u>2</u>	<u>0</u>	<u>Soil</u>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12-19-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 707 This Water Well Record was completed on (mo/day/year) \_\_\_\_\_ under the business name of MAXS  
 by (signature) David Hinch

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.