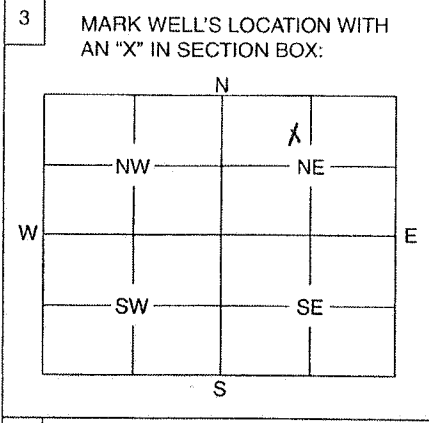


1 LOCATION OF WATER WELL: 8037 Parallel Pkway Fraction NE 1/4 Section Number 5 Township Number 11 S Range Number 24 EW  
 County: Wyandotte

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

2 WATER WELL OWNER: AT+T  
 RR #, St. Address, Box #: 8037 Parallel Park way Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: Kan. City Kan. 66101 Application Number:



4 DEPTH OF WELL ..... 25.0 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 0 ..... 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 X.....  
 If yes, mo/day/yr sample was submitted .....  
 Water Well Disinfected: Yes ..... No X.....

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile .....  
 Blank casing diameter ..... 2 ..... in. Was casing pulled? Yes ..... No X..... If yes, how much .....  
 Casing height above or below land surface ..... 36 ..... in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other .....  
 Grout Plug Intervals: From 25.0 ft. to 3.0 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>25.0'</u>	<u>3.0'</u>	<u>Bentonite</u>
<u>3.0'</u>	<u>.5'</u>	<u>clay</u>
<u>.5'</u>	<u>surface</u>	<u>cement</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/18/2011 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 529 This Water Well Record was completed on (mo/day/year) 8/26/11 under the business name of GEOTECHNICAL, INC.  
 by (signature) [Signature]

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.