

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Wyandotte</u>	<u>NW 1/4 SW 1/4 SE 1/4</u>	<u>31</u>	<u>11</u>	<u>25-E</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>4115 SHANNEE DRIVE</u> <u>MW#3</u>																																
2	WATER WELL OWNER: <u>MICO OIL CO % MIKE HUDSON</u>																															
	RR #, St. Address, Box #: <u>P.O. Box 3363</u>		Board of Agriculture, Division of Water Resources																													
	City, State, ZIP Code: <u>KL Kansas 66103</u>		Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>17</u> ft																													
N <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NW</td> <td style="width: 50%; text-align: center;">NE</td> </tr> <tr> <td style="width: 50%; text-align: center;">SW</td> <td style="width: 50%; text-align: center;">SE</td> </tr> </table> S		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL _____ ft.																										
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		WELL WAS USED AS:																														
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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:																															
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes ☒ No _____ If yes, how much <u>7</u> in.																																
Casing height above or below land surface <u>3</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other _____																															
Grout Plug Intervals: From <u>17</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ to _____ ft.																																
What is the nearest source of possible contamination:																																
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Direction from well? <u>East</u> How many feet? <u>45</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: 70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>17</u></td> <td><u>0</u></td> <td><u>Bentonite</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>17</u>	<u>0</u>	<u>Bentonite</u>																					
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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/year) <u>3-8-00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>375</u> This Water Well Record was completed on (mo/day/year) <u>3-17-00</u> under the business name of <u>FUNKEE DRILLING INC.</u>																															
by (signature) <u>Mike L. Funk</u>																																

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.