

MW-9

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: WYANDOTTE	NE 1/4 NW 1/4 NW 1/4	9		11 S		25 E																												
Distance and direction from nearest town or city street address of well if located within city? 1710 MINNESOTA AVE, KANSAS CITY, KS																																			
2	WATER WELL OWNER: ULTRAMAR DIAMOND SHAMROCK RR #, St. Address, Box #: 5590 HAVANA STREET City, State, ZIP Code: DENVER CO 80239 <div style="float: right; text-align: right;"> Board of Agriculture, Division of Water Resources Application Number: </div>																																		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4	DEPTH OF WELL 15.9 ft WELL'S STATIC WATER LEVEL 13.1 ft. 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 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																															
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: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div>																																		
Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much ALL Casing height above or below land surface N/A in.																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 3 ft. to 15.9 ft., From ft. to ft., From to 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> 11 Fuel storage 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? WEST How many feet? ~ 20 FEET OR 100' SOUTHWEST																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">3</td> <td>CONCRETE</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">15.9</td> <td>HYDRATED BENTONITE</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	0	3	CONCRETE	3	15.9	HYDRATED BENTONITE																		
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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) 10/23/00 and this record is to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/year) 4-6-01 under the business name of GEOTECHNICAL SERVICES, INC. by (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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																																			