

|   |                         |  |                |                 |              |
|---|-------------------------|--|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction   | Section Number | Township Number | Range Number |
|   | County: Wyandotte       | SW $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$ | 19             | 11 South        | 25 East      |

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

Approximately 900' north and 680' west of the intersection of 42nd Street and

Swartz in Kansas City, KS.

|   |   |                                       |
|---|---|---------------------------------------|
| 2 | WATER WELL OWNER:                                 | Burlington Northern Santa Fe Railroad |
|   | RR #, St. Address, Box #:                         | 4515 Kansas Avenue                    |
|   | City, State, ZIP Code :                           | Kansas City, Kansas 66106             |
|   | Board of Agriculture, Division of Water Resources | Application Number:                   |

|   |  |   |   |
|---|--|---|---|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL ..... 20 ..... ft   |
|   |  |   | WELL'S STATIC WATER LEVEL ..... 11.76 ..... ft.   |
|   |  |   | WELL WAS USED AS:   |
|   |  |   | 1 Domestic      5 Public Water Supply      9 Dewatering<br>2 Irrigation    6 Oil Field Water Supply    10 Monitoring Well<br>3 Feedlot       7 Domestic (Lawn & Garden)   11 Injection Well<br>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)<br>2 PVC      4 ABS          6 Asbestos-Cement      8 Concrete Tile |
|   | Blank casing diameter ..... 4 ..... in.      Was casing pulled? Yes ..... X ..... No .....      If yes, how much ..... 20 .....                           |
|   | Casing height above or below land surface ..... in.   |

|   |   |                         |                                 |                |   |
|---|---|-------------------------|---------------------------------|----------------|---|
| 6 | GROUT PLUG MATERIAL:  | 1 Neat cement           | 2 Cement grout                  | 3 Bentonite    | 4 Other .....                                       |
|   | Grout Plug Intervals:   | From ..... 20 ..... ft. | to ..... 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<br>2 Sewer lines    7 Pit privy        12 Fertilizer storage<br>3 Watertight sewer lines      8 Sewage lagoon      13 Insecticide storage<br>4 Lateral lines      9 Feedyard        14 Abandoned water well<br>5 Cess Pool        10 Livestock pens      15 Oil well/Gas well |                         |                                 |                | 16 Other (specify below)<br>Locomotive Fueling Pad. |
|   | Direction from well? ..... North .....  |                         | How many feet? ..... 100' ..... |                |   |

| FROM | TO | PLUGGING MATERIALS     |
|------|----|------------------------|
| 20   | 0  | Cement/Bentonite Grout |
|      |    |                        |
|      |    |                        |
|      |    |                        |
|      |    |                        |
|      |    |                        |
|      |    |                        |
|      |    |                        |

|   |   |
|---|---|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) November 26, 2001 and this record is true 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) under the business name of Geotechnical Services, Inc. by (signature) Craig E. Stine |
|---|---|

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.