LOST WELL

WATER WELL PLUGGING RECORD

Torm MANAGE ED

KSA 82a-1212

MW-8

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Wyandote	SE 1/4 SE 1/4 SW1/4	\$ 5	11 5	24 E 25
Distance and direction from nearest town or city street address of well if located within city?				
2859 State Avenue, Kansos City, KS				
water wellowner: BP Amo co #5228				
RR #, St. Address, Box #: 2859 St City, State, ZIP Code : KC, KS	ate the.	Application Number:	Division of Water Resource	S
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	~ 10 n		
WELL'S STATIC WATER LEVEL ft.				
	WELL WAS USED AS:			
N W — N E —	1 Domestic	5 Public Water Suppl	ly 9 Dewate	erina
	2 Irrigation	6 Oil Field Water Sur	oply 10 Monito	ring Well
w	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning		on Well
Was a chemical / hactoriological sample submitted to Department2Ves No.				
If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes No. X				
S				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)				
Blank casing diameter				
Blank casing diameterin. Was casing pulled? Yes No If yes, how muchin.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From				
What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage pit 1 Fuel storage 16 Other (specify below)				
2 Sewer lines3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide stora		
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned wate	r well	
Direction from well? How many feet? FROM TO PLUGGING MATERIALS WHE CAPUSED Form as the well complete this form as the well complete this form as the well went as not been located for several years.				
FROM TO PLUGGING MATERIALS				
TO PLO	GGING MATERIALS		and BEANT Uh	e well,
		- UNIE COM	Cam 00 th	avera
		- And the	115 To And to	Sur
		Couprage	non location	
		- has not a	West 1 .	
		(0.5)		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year)				
Water Well-Contractor's License No. Water Well-Record was completed on (mo/day/year) by (signature)				
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.				