

<b>1</b>	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>WYANDOTTE</u>	<u>NW SW 1/4 NW 1/4</u>	<u>2</u>	<u>11</u>	<u>25</u> <u>(EW)</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>1701 FAIRFAX TRAFFICWAY, KANSAS CITY, KANSAS</u>																													
<b>2</b>	WATER WELL OWNER: <u>LAXY BALTIMORE FOODS, INC.</u>																												
	RR #, St. Address, Box #: City, State, ZIP Code :		Board of Agriculture, Division of Water Resources Application Number:																										
	<u>1701 FAIRFAX TRFY.</u> <u>KANSAS CITY, KANSAS 66115</u>																												
<b>3</b>	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<b>4</b> DEPTH OF WELL ..... <u>35</u> ft.																										
<div style="text-align:center">N W                      E SW                      SE S</div>		WELL'S STATIC WATER LEVEL ..... <u>27.41</u> 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 &amp; 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 ..... If yes, mo/day/yr sample was submitted .....																											
		Water Well Disinfected: Yes ..... No ..... <input checked="" type="checkbox"/>																											
<b>5</b>	TYPE OF BLANK CASING USED:																												
	<div style="display: flex; justify-content: space-between;"><div>1. Steel 2) PVC</div><div>3 RMP (SR) 4 ABS</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (Specify below)</div></div>																												
	Blank casing diameter <u>2.375</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No ..... If yes, how much ..... <u>35</u> ft.																												
	Casing height above or below land surface ..... <u>UNKNOWN</u> in.																												
<b>6</b>	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>GRAVEL/SOILS</u>																												
	Grout Plug Intervals: From <u>35</u> ft. to <u>2</u> ft., From <u>2</u> ft. to <u>0</u> 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 (FORMER) 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? <u>SOUTHEAST</u>		How many feet? <u>40</u>																										
<table border="1" style="width:100%"><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><u>0</u></td><td><u>2</u></td><td><u>COMPACTED GRAVEL/SOILS</u></td></tr><tr><td><u>2</u></td><td><u>35</u></td><td><u>BENTONITE CHIPS</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></tbody></table>						FROM	TO	PLUGGING MATERIALS	<u>0</u>	<u>2</u>	<u>COMPACTED GRAVEL/SOILS</u>	<u>2</u>	<u>35</u>	<u>BENTONITE CHIPS</u>															
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<b>7</b>	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102103</u> Under the business name of <u>QUARTS STATE SERVICES, INC.</u> This Water Well Record was completed on (mo/day/year) .....																												
	by (signature) <u>[Signature]</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, 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.																													