

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LOCATION OF WATER WELL:                                                                                                                                                                                                                                                                                                                                                                                           | Fraction                    | Section   | Number                                            | Township    | Number | Range     | Number    |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------|---------------------------------------------------|-------------|--------|-----------|-----------|------|----|--------------------|------------------------------------------|------------|--------------------|------------|-----------|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | County: <u>Wyandotte</u>                                                                                                                                                                                                                                                                                                                                                                                          | <u>NE 1/4 NW 1/4 NW 1/4</u> | <u>21</u> |                                                   | <u>11 S</u> |        | <u>25</u> | <u>EW</u> |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Distance and direction from nearest town or city street address of well if located within city?<br><u>1317 Kansas Ave., Kansas City, Kansas</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WATER WELL OWNER: <u>Armourdale Muffler Shop</u>                                                                                                                                                                                                                                                                                                                                                                  |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| RR #, St. Address, Box #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>5350 Swartz Rd.</u>      |           | Board of Agriculture, Division of Water Resources |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City, State, ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Kansas City KS 66105</u> |           | Application Number:                               |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:                                                                                                                                                                                                                                                                                                                                                                  |                             | 4         | DEPTH OF WELL <u>30</u> ft.                       |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="text-align: center;">N</div> <table border="1" style="width:100%; height:100px; border-collapse: collapse;"> <tr><td style="text-align: center;">X</td><td></td><td></td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td></tr> </table> <div style="text-align: center;">S</div>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | X         |                                                   |             | NW     |           | NE        | SW   |    | SE                 | WELL'S STATIC WATER LEVEL <u>Dry</u> ft. |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | X         |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | NW        |                                                   | NE          |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             | SW        |                                                   | SE          |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| WELL WAS USED AS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic<br/>2 Irrigation<br/>3 Feedlot<br/>4 Industrial </div> <div> 5 Public Water Supply<br/>6 Oil Field Water Supply<br/>7 Domestic (Lawn &amp; Garden)<br/>8 Air Conditioning </div> <div> 9 Dewatering<br/>10 Monitoring Well<br/>11 Injection Well<br/>12 Other ..... </div> </div>                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 <u>2</u> in.      Was casing pulled? Yes <input checked="" type="checkbox"/> No .....      If yes, how much <u>30'</u><br>Casing height above or below land surface ..... in.                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout      3 Bentonite      4 Other <u>Native soil</u>                                                                                                                                                                                                                                                                                                      |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Grout Plug Intervals:      From <u>0</u> ft. to <u>0.5</u> ft.,      From <u>0.5</u> ft. to <u>30</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<br/>2 Sewer lines<br/>3 Watertight sewer lines<br/>4 Lateral lines<br/>5 Cess pool </div> <div> 6 Seepage pit<br/>7 Pit privy<br/>8 Sewage lagoon<br/>9 Feedyard<br/>10 Livestock pens </div> <div> 11 Fuel storage<br/>12 Fertilizer storage<br/>13 Insecticide storage<br/>14 Abandoned water well<br/>15 Oil well/Gas well </div> <div> 16 Other (specify below)<br/> <u>From UST basin</u> </div> </div>                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Direction from well? <u>Northwest</u> How many feet? <u>60</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><u>0</u></td> <td><u>0.5</u></td> <td><u>Native soil</u></td> </tr> <tr> <td><u>0.5</u></td> <td><u>30</u></td> <td><u>Bentonite (2")</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> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           | FROM | TO | PLUGGING MATERIALS | <u>0</u>                                 | <u>0.5</u> | <u>Native soil</u> | <u>0.5</u> | <u>30</u> | <u>Bentonite (2")</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TO                                                                                                                                                                                                                                                                                                                                                                                                                | PLUGGING MATERIALS          |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>0.5</u>                                                                                                                                                                                                                                                                                                                                                                                                        | <u>Native soil</u>          |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>0.5</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>30</u>                                                                                                                                                                                                                                                                                                                                                                                                         | <u>Bentonite (2")</u>       |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> RECEIVED<br/> AUG 23 2004<br/> BUREAU OF WATER </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="margin: 10px auto; width: 60%;"> MW4      Geocore #679 </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/10/2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/year) ..... under the business name of <u>Geocore Inc.</u> by (signature) <u>Dale Robt</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.                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                   |                             |           |                                                   |             |        |           |           |      |    |                    |                                          |            |                    |            |           |                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |