

1	LOCATION OF WATER WELL:	Fraction <u>NW NW SE NW</u> <small>¼ ¼ ¼</small>	Section Number <u>2</u>	Township Number <u>11 S</u>	Range Number <u>25</u> <u>EW</u>
County: <u>Wyandotte</u>					

Distance and direction from nearest town or city street address of well if located within city?
2029 Fairfax KCKS 66115

2	WATER WELL OWNER: <u>Lonoco Phillips Company</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>1218 Phillips Bldg 420 S. Keder Ave</u>		Application Number:
City, State, ZIP Code: <u>Barberville OK 74004</u>		

<div style="text-align: center;">3</div> <div style="text-align: center;">MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</div> <div style="text-align: center;"> </div>	<div style="text-align: center;">4</div> <div style="text-align: center;">DEPTH OF WELL <u>20.07</u> ft.</div> <div style="text-align: center;">WELL'S STATIC WATER LEVEL _____ ft.</div> <div style="text-align: center;">WELL WAS USED AS:</div> <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>✓</u></p> <p>If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected: Yes _____ No <u>✓</u></p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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5	TYPE OF BLANK CASING USED:	<table style="width: 100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><u>2</u> PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <u>2</u> in.		Was casing pulled? Yes <u>✓</u> No _____										
Casing height above or below land surface <u>29</u> in.		If yes, how much <u>14</u>										

6	GROUT PLUG MATERIAL:	<table style="width: 100%;"> <tr> <td>1 Neat cement</td> <td><u>2</u> Cement grout</td> <td>3 Bentonite</td> <td>4 Other _____</td> </tr> </table>	1 Neat cement	<u>2</u> Cement grout	3 Bentonite	4 Other _____																
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Grout Plug Intervals: From <u>20.07</u> ft. to <u>0</u> ft.		From _____ ft. to _____ ft., From _____ to _____ ft.																				
What is the nearest source of possible contamination:																						
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Direction from well? _____ How many feet? _____																						

FROM	TO	PLUGGING MATERIALS
<u>20.04</u>	<u>0</u>	<u>Cement Grout</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/12/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>704</u> This Water Well Record was completed on (mo/day/year) <u>2-11-05</u> under the business name of <u>MAXS</u> by (signature) <u>David Hargill</u>
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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.