

Site No. 56
Deiry Farm

2511125

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Sedgwick</u>	<u>SE 1/4 SW 1/4 SE 1/4</u>	<u>23</u>	<u>26</u>	<u>1E</u>

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

4120 E. 45th St. N.

2	WATER WELL OWNER:	RR#, St. Address, Box #:	Board of Agriculture, Division of Water Resources
	<u>Koch Industries, Inc.</u>	<u>4111 E. 37th St. N.</u>	Application Number:
	City, State, ZIP Code:	<u>Wichita KS 67220</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL..... <u>6</u>ft. <u>See below</u>																														
	N		WELL'S STATIC WATER LEVEL..... <u>4.1</u>ft.																														
	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td>E</td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>S</td><td>W</td><td>E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td></tr> </table>				N	W	E	W		E	S	W	E				S				<p>WELL WAS USED AS:</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table>	<input checked="" type="checkbox"/> 1 Domestic	5 Public Water Supply	9 Dewatering	<input type="checkbox"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	7 Lawn and Garden Only	11 Injection Well	<input type="checkbox"/> 4 Industrial	8 Air Conditioning	12 Other.....
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			Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> .																														
			If yes, mo/day/yr sample was submitted.....																														
			Water Well Disinfected: Yes.....No <input checked="" type="checkbox"/> .																														

5	TYPE OF BLANK CASING USED:
	<input checked="" type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter..... <u>12</u>in. Was casing pulled? Yes.....No <input checked="" type="checkbox"/> . If yes, how much.....
	Casing height above or below land surface..... <u>36</u>in.

6	GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From <u>3</u> ..ft. to <u>6</u> ..ft., From.....ft. toft., From..... toft. What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>soil / Clay</u>
<u>3</u>	<u>6</u>	<u>concrete</u>

Note:

This well may have originally been constructed at a deeper depth. The top of the well was located on a mound ~ 2 to 3 feet in height. The mound was leveled during plugging activities.

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>3/8/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>331</u> This Water Well Record was completed on (mo/day/year)..... <u>4/4/00</u> under the business name of <u>Geotechnical Services, Inc.</u> by (signature) <u>Alvin M. [Signature]</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.