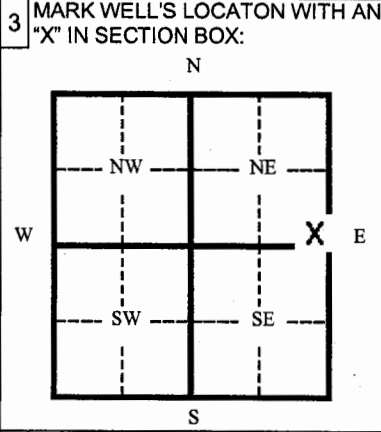


1 LOCATION OF WATER WELL: County: <b>Sedgwick</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section Number <b>17</b>	Township Number <b>26</b>	Range Number <b>01 East</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**5855 N. Broadway**

2 WATER WELL OWNER: RR#, St. Address, Box # City, State, ZIP Code :	<b>Koch Industries</b> <b>5855 N. Broadway</b> <b>Wichita, KS 67204</b>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF WELL **Unknown (blocked)** ft.

WELL'S STATIC WATER LEVEL **7** ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
2 Irrigation	6 Oil Field Water Supply	<b>10 Monitoring Well</b>
3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well
4 Industrial	8 Air Conditioning	12 Other

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_ No **X**

If yes, mo/day/yr sample was submitted \_\_\_\_\_

Water Well Disinfected: Yes \_\_\_ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<b>2 PVC</b>	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **2** in. Was casing pulled? Yes \_\_\_ No **X** If yes, how much \_\_\_\_\_

Casing height above or below land surface \_\_\_\_\_ in. **Overdrilled to 20 feet below ground surface**

6 GROUT PLUG MATERIAL: 1 Neat cement **2 Cement grout** 3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals From **0** ft. to **20** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

- What is the nearest source of possible contamination:
- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 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   |                          |

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
<b>0</b>	<b>20</b>		<b>Cement Grout</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **12-23-04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **1-19-05** under the business name of **Geotechnical Services, Inc.** by (signature) *Alison M. [Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.