

MW-15

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Sedgewick</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>31</u>		<u>26S</u>		<u>2E</u>																									
Distance and direction from nearest town or city street address of well if located within city? <u>3233 North Rock Road</u>																																
2	WATER WELL OWNER: <u>BP Amoco</u> RR #, St. Address, Box #: <u>400 Corporate Cir Suite T</u> City, State, ZIP Code: <u>Golden, CO 80401</u> Board of Agriculture, Division of Water Resources Application Number:																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL <u>17</u> ft. WELL'S STATIC WATER LEVEL <u>9</u> ft. WELL WAS USED AS: <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><u>10</u> Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn &amp; Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other .....</td></tr></table> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>X</u> ..... If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ..... No <u>X</u> .....						1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10</u> 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> Blank casing diameter ..... in. Was casing pulled? Yes ..... No <u>X</u> ..... If yes, how much ..... Casing height above or below land surface ..... in.									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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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ..... Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft. What is the nearest source of possible contamination: <table style="width:100%"><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> Direction from well? <u>South</u> How many feet? <u>110</u>								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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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6/27/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>566</u> <u>117900</u> under the business name of <u>Handex of Colorado</u> by (signature) <u>Greg W. Wren</u> This Water Well Record was completed on (mo/day/year)																															
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.																																