

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: SEDGWICK	SE 1/4 NE 1/4 SE 1/4	31		26		2	EW																											
Distance and direction from nearest town or city street address of well if located within city? 3233 N. ROCK ROAD, WICHITA, KS.																																			
2	WATER WELL OWNER: BP AMOCO, P.O. BOX 15748, SHAWNEE MISSION, KS. 66205																																		
RR #, St. Address, Box #: City, State, ZIP Code :				Board of Agriculture, Division of Water Resources Application Number:																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> S W E </div>					NW		NE				SW		SE				4																	
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SW		SE																																	
DEPTH OF WELL 21 ft. WELL'S STATIC WATER LEVEL 7.12 ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>																																			
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:																																		
<div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div>																																			
Blank casing diameter 2.375 in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much 21 Casing height above or below land surface UNKNOWN in. OVERDRILLED TO 21																																			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other CONCRETE																																		
Grout Plug Intervals: From 21 ft. to 1 ft., From 1 ft. to 0 ft., From to ft.																																			
What is the nearest source of possible contamination:																																			
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div>																																			
Direction from well? NORTH How many feet? 10																																			
<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>0</td> <td>1</td> <td>CONCRETE</td> </tr> <tr> <td>1</td> <td>21</td> <td>BENTONITE CHIPS</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	0	1	CONCRETE	1	21	BENTONITE CHIPS																		
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12/1/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. by (signature) QUAD STATE SERVICES, INC. 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, 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.																																			