

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NE 1/4 SE 1/4</u>	Section Number <u>31</u>	Township Number <u>26 S.</u>	Range Number <u>2E</u>																																
Distance and direction from nearest town or city street address of well if located within city? <u>3233 N. Rock Road, Wichita, KS (MW-9)</u>																																				
2 WATER WELL OWNER: <u>Amow Oil Company</u>																																				
RR#, St. Address, Box #: <u>8226 Marshall Drive</u>		Board of Agriculture, Division of Water Resources																																		
City, State, ZIP Code : <u>Lenexa, KS 66214</u>		Application Number: <u>42-087-382</u>																																		
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td colspan="2"></td><td colspan="2"></td></tr> <tr><td>W</td><td></td><td></td><td>X E</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="4">S</td></tr> </table>		N W		N E						W			X E	S W		S E		S				4 DEPTH OF WELL... <u>15</u> .....ft. WELL'S STATIC WATER LEVEL.....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>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</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	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	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... <u>4</u> .....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 <u>2</u> Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From <u>15</u> ft. to <u>3</u> 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><u>11</u> 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>West</u> How many feet? <u>77</u>					1 Septic tank	6 Seepage pit	<u>11</u> 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>3-30-98</u> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>568</u> ..... This Water Well Record was completed on (mo/day/year)..... <u>3-30-98</u> ..... under the business name of <u>Max's</u> ..... by (signature) <u>Daniel Humpal</u>																																				
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print clearly.</u> 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																																				