

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>	<u>NE 1/4 NW 1/4 W 1/4</u>	<u>10</u>	<u>27 S</u>	<u>1 E</u>

Distance and direction from nearest town or city street address of well if located within city?  
2 75' South of 2001 E. 21st on Minnesota St. Wichita

2 WATER WELL OWNER:	<u>Amoco Oil Co.</u> RR#, St. Address, Box #: <u>8226 Marshall Dr.</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code: <u>Lenexa, KS 66244</u> Application Number: <u>Rev-2</u>
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL..... <u>24</u> .....ft.																												
N	WELL'S STATIC WATER LEVEL..... <u>15</u> .....ft.																												
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S	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:	1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (specify below) <u>2 PVC</u> 4 ABS    6 Asbestos-Cement    8 Concrete Tile
Blank casing diameter..... <u>4</u> .....in.    Was casing pulled? Yes..... No..... <input checked="" type="checkbox"/> If yes, how much..... <u>24'</u> Casing height above or below land surface.....in.	

6 GROUT PLUG MATERIAL:	1 Neat cement    2 Cement grout <u>3 Bentonite</u> 4 Other.....																				
Grout Plug Intervals: From... <u>0</u> ...ft. to... <u>4</u> ...ft., From... <u>4</u> ...ft. to... <u>20</u> ...ft., From... <u>20</u> ...ft. to... <u>24</u> ...ft.																					
What is the nearest source of possible contamination:																					
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Direction from well? ... <u>South-southwest</u> How many feet? ... <u>125</u> .....																					

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4</u>	<u>fill dirt</u>
<u>4</u>	<u>20</u>	<u>bentonite chip.</u>
<u>20</u>	<u>24</u>	<u>gravel pack sand</u>

**NOTE: WELL PLUGGED TO REMEDIATION SYSTEM. TOP OF WELL IN VAULT 4' BELOW GROUND SURFACE.**

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... <u>7/29/01</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>NA</u> ..... This Water Well Record was completed on (mo/day/year)..... <u>8-16-01</u> ..... under the business name of..... <u>PLUG HOPES</u> ..... by (signature)..... <u>[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: 913/296-3565. Send one to Water Well Owner and retain one for your records.