

MW-13

| | | | | | |
|---------|-------------------------|----------------------|----------------|-----------------|--------------|
| 1 | LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: | Sedgwick | NW 1/4 NW 1/4 NW 1/4 | 25 | 27S | 1E |

Distance and direction from nearest town or city street address of well if located within city?

4807 East Kellogg

| | | | |
|---|--|--|--|
| 2 | WATER WELL OWNER: | BP Amoco 400 Corporate Cir. Suite T Golden, CO 80401 | Board of Agriculture, Division of Water Resources Application Number: |
| | RR #, St. Address, Box #: City, State, ZIP Code : | | |

| | | | | | | | | | | | | | | | | | | |
|---|--|--------------------|--|------------|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|--------------------|----------------|--|--|--|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL 20 ft. WELL'S STATIC WATER LEVEL ~ 8 ft. WELL WAS USED AS: <table border="0"><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 Domestic (Lawn & 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <input checked="" type="checkbox"/> | 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial | 8 Air Conditioning | 12 Other | | | |
| 1 Domestic | 5 Public Water Supply | 9 Dewatering | | | | | | | | | | | | | | | | |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | | | | | | | | | | | | | | | | |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | | | | | | | | | | | | | | | | |
| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | | | | | | |
| <div style="display: flex; align-items: center;"><div style="text-align: center; margin-right: 10px;">N W E S</div><table border="1" style="border-collapse: collapse; text-align: center;"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td></td><td></td><td>X</td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr></table></div> | | | | | | | NW | | NE | | | X | SW | | SE | | | |
| | | | | | | | | | | | | | | | | | | |
| NW | | NE | | | | | | | | | | | | | | | | |
| | | X | | | | | | | | | | | | | | | | |
| SW | | SE | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|----------------------------|-------------------|-----------------|-------------------------|--------------|-------------------------|-------|-------|-------------------|-----------------|--|
| 5 | TYPE OF BLANK CASING USED: | | | | | | | | | | |
| <table border="0"><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>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter 2 in. Was casing pulled? Yes No <input checked="" type="checkbox"/> 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) | 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) | | | | | | | |
| 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|-------------------------|--------------------------|-------------|---------------|---------------|---------------|-----------------|--------------------------|---------------|-------------|-----------------------|--|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 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 border="0"><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? East How many feet? 150 | | | | | | 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 | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|------|----|------------------------------------|
| | | Well destroyed during construction |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | |
|---|---|
| 7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 6/27/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5636 This Water Well Record was completed on (mo/day/year) 11/29/00 under the business name of Hanlex of Colorado by (signature) Gray [Signature] |
|---|---|

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.