

MW-14

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:	Board of Agriculture, Division of Water Resources Application Number:
RR #, St. Address, Box #:	BPA mco 400 Corporate Cir. Suite T	
City, State, ZIP Code :	Golden, CO 80401	

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>	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
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Diagram: A 3x3 grid representing a section box. The center box is marked with an 'X'. The grid is labeled with N, S, E, W on the sides and NW, NE, SW, SE in the corners.

Was a chemical / bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

5	TYPE OF BLANK CASING USED:
1 Steel	3 RMP (SR)
2 PVC	4 ABS
5 Wrought	6 Asbestos-Cement
7 Fiberglass	8 Concrete Tile
9 Other (Specify below)	
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.	

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 ft. to ft.					
What is the nearest source of possible contamination:					
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			
Direction from well? How many feet? 170					

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) 6/29/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 568 This Water Well Record was completed on (mo/day/year) 11/29/00 under the business name of Handex of Colorado by (signature) Greg W. Bowen
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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: 785/296-3565. Send one to Water Well Owner and retain one for your records.