

*John*

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Sedgwick</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>25</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?  
4807 E. Kellogg St., ~~Overland Park~~ Wichita, KS

2 WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #:	Application Number:
City, State, ZIP Code:	
<u>Amoco Oil Company</u>	
<u>10412 Flint</u>	
<u>Overland Park, KS</u>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL ..... <u>20'</u> ..... ft				
<div style="text-align: center;">N</div> <table border="1" style="width: 100%; height: 150px;"> <tr> <td style="text-align: center;">NW</td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">SW</td> <td style="text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div>	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL ..... <u>NA</u> ..... ft.
	NW	NE			
	SW	SE			
	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 &amp; Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 <u>Monitoring Well</u> 11 Injection Well 12 Other ..... </div> </div>					

Was a chemical / bacteriological sample submitted to Department? Yes ..... No X.....  
If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes ..... No X.....

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>2</u> ..... in.	Was casing pulled? Yes <u>X</u> ..... No ..... If yes, how much ..... <u>3 Feet</u> .....
Casing height above or below land surface ..... <u>36</u> ..... 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>20'</u> ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.
What is the nearest source of possible contamination:	
1 Septic tank    6 Seepage pit    11 Fuel storage 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	16 Other (specify below) <u>Pilled / Abandoned UST</u>
Direction from well? ..... <u>NW</u> ..... How many feet? ..... <u>50'</u> .....	

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>20'</u>	<u>Bentonite-hydrated</u>

Well ID - MW-11 C  
Former Amoco #9513

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>3-1-2002</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... This Water Well Record was completed on (mo/day/year) .....
by (signature) <u>[Signature]</u>	under the business name of <u>Thompson &amp; Coleman</u>

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.