

<b>1</b> LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Sedgwick</b>	<b>NW ¼ NW ¼ NE ¼</b>	<b>8</b>	<b>27</b>	<b>1-East</b>

Distance and direction from nearest town or city street address of well if located within city?  
**618 W. 21<sup>st</sup> Street, Wichita, Kansas**

<b>2</b> WATER WELL OWNER: <b>Universal Motor Fuels</b> RR#, St. Address, Box # <b>P.O. Box 2920</b> City, State, ZIP Code : <b>Wichita, Kansas 67201</b>	Board of Agriculture, Division of Water Resources Application Number:
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<b>3</b> MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:  <div style="text-align: center;"> </div>	<table style="width:100%;"> <tr> <td style="width:50%;"> <b>4</b> DEPTH OF WELL <u>20.0</u> ft.             WELL'S STATIC WATER LEVEL <u>11.39</u> ft.             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 Lawn and Garden (domestic)              8 Air Conditioning           </div> <div>             9 Dewatering              10 Monitoring Well              11 Injection Well              12 Other           </div> </div> </td> <td style="width:50%;">           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> </td> </tr> </table>	<b>4</b> DEPTH OF WELL <u>20.0</u> ft.  WELL'S STATIC WATER LEVEL <u>11.39</u> ft.  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 Lawn and Garden (domestic)              8 Air Conditioning           </div> <div>             9 Dewatering              10 Monitoring Well              11 Injection Well              12 Other           </div> </div>	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>
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<b>5</b> TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div>             1 Steel              2 PVC           </div> <div>             3 RMP (SR)              4 ABC           </div> <div>             5 Wrought              6 Asbestos-Cement           </div> <div>             7 Fiberglass              8 Concrete Tile           </div> <div>             9 Other (specify below)           </div> </div>	Blank casing diameter <u>2.375</u> in. Was casing pulled? Yes ___ No <u>X</u> If yes, how much? _____ Casing height above or below land surface <u>Unknown</u> in. <b>Unable to pull casing.</b>
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<b>6</b> GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>Concrete</u>	Grout Plug Intervals From <u>25.0</u> ft. to <u>1.0</u> ft. From <u>1.0</u> ft. to <u>0.0</u> ft. From _____ ft. to _____ ft.
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What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage (Former)	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? Southwest How many feet? 100

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Concrete
1.0	20.0		Bentonite chips

<b>7</b>	<b>CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/yr) <u>05/28/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>692</u> This Water Well Record was completed on (mo/day/yr) <u>06/08/04</u> under the business name of <u>Quad State Services, Inc.</u> by (signature) <u>[Signature]</u>
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**INSTRUCTIONS:** Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.