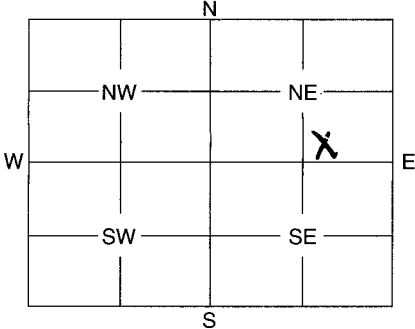


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Sedgwick</u>	<u>SW 1/4 SE 1/4 NE 1/4</u>	<u>4</u>		<u>27S</u>		<u>7</u>	<u>10</u> <small>EW</small>

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

N. Washington St & E 25th St N (0.2 miles NW), Wichita KS

2	WATER WELL OWNER: <u>De Bruce Grain Inc</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>5755 S, Hoover Rd</u>	Application Number:
	City, State, ZIP Code: <u>Wichita KS 67215</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>23.35</u> ft.												
			WELL'S STATIC WATER LEVEL <u>5.22</u> ft.												
			WELL WAS USED AS:												
			<table border="0"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td><input type="radio"/> 5 Public Water Supply</td> <td><input type="radio"/> 9 Dewatering</td> </tr> <tr> <td><input type="radio"/> 2 Irrigation</td> <td><input type="radio"/> 6 Oil Field Water Supply</td> <td><input type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="radio"/> 3 Feedlot</td> <td><input type="radio"/> 7 Domestic (Lawn & Garden)</td> <td><input type="radio"/> 11 Injection Well</td> </tr> <tr> <td><input type="radio"/> 4 Industrial</td> <td><input type="radio"/> 8 Air Conditioning</td> <td><input type="radio"/> 12 Other</td> </tr> </table>	<input checked="" type="radio"/> 1 Domestic	<input type="radio"/> 5 Public Water Supply	<input type="radio"/> 9 Dewatering	<input type="radio"/> 2 Irrigation	<input type="radio"/> 6 Oil Field Water Supply	<input type="radio"/> 10 Monitoring Well	<input type="radio"/> 3 Feedlot	<input type="radio"/> 7 Domestic (Lawn & Garden)	<input type="radio"/> 11 Injection Well	<input type="radio"/> 4 Industrial	<input type="radio"/> 8 Air Conditioning	<input type="radio"/> 12 Other
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			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:										
	<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>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile								
	Blank casing diameter <u>10</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/>										
	Casing height above or below land surface <u>0</u> in. <u>well located in basement of Elevator</u>										

6	GROUT PLUG MATERIAL:	1 Neat cement	<input checked="" type="radio"/> 2 Cement grout	<input checked="" type="radio"/> 3 Bentonite	4 Other																	
	Grout Plug Intervals:	From <u>23.35</u> ft.	to <u>0.75</u> ft.	From <u>0.75</u> ft.	to <u>0</u> ft.																	
	What is the nearest source of possible contamination:	<u>Bentonite</u>																				
		<u>Cement</u>																				
		<table border="0"> <tr> <td><input checked="" type="radio"/> 1 Septic tank</td> <td><input type="radio"/> 6 Seepage pit</td> <td><input type="radio"/> 11 Fuel storage</td> <td><input type="radio"/> 16 Other (specify below)</td> </tr> <tr> <td><input checked="" type="radio"/> 2 Sewer lines</td> <td><input type="radio"/> 7 Pit privy</td> <td><input type="radio"/> 12 Fertilizer storage</td> <td></td> </tr> <tr> <td><input type="radio"/> 3 Watertight sewer lines</td> <td><input type="radio"/> 8 Sewage lagoon</td> <td><input type="radio"/> 13 Insecticide storage</td> <td></td> </tr> <tr> <td><input type="radio"/> 4 Lateral lines</td> <td><input type="radio"/> 9 Feedyard</td> <td><input type="radio"/> 14 Abandoned water well</td> <td></td> </tr> <tr> <td><input type="radio"/> 5 Cess pool</td> <td><input type="radio"/> 10 Livestock pens</td> <td><input type="radio"/> 15 Oil well/Gas well</td> <td></td> </tr> </table>	<input checked="" type="radio"/> 1 Septic tank	<input type="radio"/> 6 Seepage pit	<input type="radio"/> 11 Fuel storage	<input type="radio"/> 16 Other (specify below)	<input checked="" type="radio"/> 2 Sewer lines	<input type="radio"/> 7 Pit privy	<input type="radio"/> 12 Fertilizer storage		<input type="radio"/> 3 Watertight sewer lines	<input type="radio"/> 8 Sewage lagoon	<input type="radio"/> 13 Insecticide storage		<input type="radio"/> 4 Lateral lines	<input type="radio"/> 9 Feedyard	<input type="radio"/> 14 Abandoned water well		<input type="radio"/> 5 Cess pool	<input type="radio"/> 10 Livestock pens	<input type="radio"/> 15 Oil well/Gas well	
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	Direction from well? <u>West/North west</u> How many feet? <u>50</u>																					

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>0.75</u>	<u>Cement</u>
<u>0.75</u>	<u>23.35</u>	<u>bentonite</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2/17/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>31465</u> under the business name of <u>SHAW Environmental</u> This Water Well Record was completed on (mo/day/year) <u>2/17/05</u> by (signature) <u>Michael S. Osterman</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.