ID NO. I-39

1	LOCAT	ION OF WA	TER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
County: Sedewick				SG4 NE16 SE16	4		<b>Z</b> 7	5	1	E/ <b>y</b>		
Distance and distanting from a count to make the stant address of well if I and address in O												
1850 N of 21st 1980' east of Washington St. Wichita, Ks  2 WATER WELL OWNER: Elpaso Merchant Energy Retroleum Co												
2	2 WATER WELL OWNER: Elpaso Merchant Energy Petroleum Co											
	WATER WELL OWNER: Classification of Water Resources  RR #, St. Address, Box #: Colorado Springs Co 80903  Board of Agriculture, Division of Water Resources  Application Number:											
2	/-											
3		IN SECTIO			WELL'S STATIC WATER LEVEL 19 H. ft.							
[		N			WELL WAS USED AS:							
					2 Irrigation 6 Oil Field Water Supply 10 Monii 3 Feedlot 7 Domestic (Lawn & Garden) 11 nject					9 Dewatering 10 Monitoring Well		
										Well		
W					4 Industrial	8 Air C	onditioning		12 Other		,	
	SW	/	SE		Was a chemical / bacteriological sample submitted to Department? Yes							
	S				Water Well Disinfected: Yes No							
 	TVDE OF BLANK OARING HOFF											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
Blank casing diameter												
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other												
Grout Plug Intervals: From .3.8 ft. to .3 ft., From ft. to ft., From ft., From ft.												
What is the nearest source of possible contamination:												
1 Septic tank 2 Sewer lines					<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	12 Feri	11 Fuel storage 12 Fertilizer storage			16 Other (specify below)		
3 Watertight sewer lines					8 Sewage lagoon	13 Insecticide storage						
4 Lateral lines 5 Cess pool					<ul><li>9 Feedyard</li><li>10 Livestock pens</li></ul>		<ul><li>14 Abandoned water well</li><li>15 Oil well/Gas well</li></ul>					
	Directi	on from wel	12 South	+E	How many	feet?6	in'ous					
	FROM	то.		- DI I	IOOINO MATERIALO							
FROM TO PLUGGING MATERIALS												
ن	38	3_				-						
	3	0_									٠.	
					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
7	(mo/da	RACTOR'S ly/year) <b>/</b> Moll Control	2/14/05	ĮΝΕ	R'S CERTIFICATION: This	water well and th	was plugged is record is true	under my j e to the best	urisdiction a of my knowle	edge and beli	npleted on lef. Kansas	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)												
	by (sig	ınature)	KW	u	u w Kedaj	<i>!</i>						
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.