KSA 82a-1212

1 1000	TION OF WATER MELL.	Frankin	Oti Nob	Tananahia Nimahaa	Danes Number	
	TION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
	see quick	3E14 NW14 SE14	4	275	D E	
Distance and different from nearest town or city street address of well if located within city?						
1750'N of 21st and 920' East of Washington Wichita, Ks.						
2 WATER WELLOWNER: Elpaso Merchant Energy Tetroleum Co.						
RR #, St. Address, Box #: 7 N. Ne vado, City, State, ZIP Code : Colora do Springs, Ca. 80903 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 12.6. ft.						
	N	WELL'S STATIC WATER	R LEVEL			
		WELL WAS USED AS:				
N	I W — N E —	1 Domestic	5 Public Water Supp	•	•	
		2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &		oring Well on Well	
W	E		8 Air Conditioning	•		
	S W Was a chemical / bacteriological sample submitted to Department?Yes					
	If yes, mo/day/yr sample was submitted					
	s	Water Well Disinfected:	Yes No			
TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter in. Was casing pulled? Yes No						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From 33:10ft. to 3 ft., From ft. to ft. ft., From ft., From ft., From ft., From ft., From ft.						
What is the nearest source of possible contamination:						
1	eptic tank ewer lines	6 Seepage pit7 Pit privy	Fuel storageFertilizer storag	16 Other (sp	pecify below)	
3 W	atertight sewer lines	8 Sewage lagoon	13 Insecticide store	age	,	
	ateral lines ess Pool	9 Feedyard 10 Livestock pens	14 Abandoned wate			
Direction from well? South + East How many feet? Uarlous						
FROM TO PLUGGING MATERIALS						
33.10 3 Neat cement						
3_	0 100	Soil				
		, , , , , , , , , , , , , , , , , , , ,				
7 CONTI	PACTOR'S OR LANDOWN	IEDIC CERTIFICATION, Th		- dd !! - d! - d! -		
on (mo/day/year)						
water well Contractor's License No						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
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.						