

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Sedgewick</u>	<u>SE 1/4 NW 1/4 SE 1/4</u>	<u>4</u>		<u>27</u>	<u>S</u>	<u>1</u>	<u>E/W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>1785' N of 21ST and 1200' E of Washington St. Wichita, KS</u>																																
2	WATER WELL OWNER: <u>El Paso merchant energy Petroleum Co.</u>		Board of Agriculture, Division of Water Resources																													
	RR #, St. Address, Box #: <u>2 N. Nevada</u>		Application Number:																													
	City, State, ZIP Code: <u>Colorado Springs, Co 80903</u>																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>24.3</u> ft.																												
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">NW</td> <td style="width: 50%; text-align: center;">NE</td> </tr> <tr> <td style="width: 50%; text-align: center;">SW</td> <td style="width: 50%; text-align: center;">SE</td> </tr> </table> <div style="text-align: center;">S</div>		NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <u>13.1</u> ft.																										
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		WELL WAS USED AS:																														
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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:																															
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	Blank casing diameter in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much <u>3'</u> Casing height above or <u>below</u> land surface <u>36</u> in.																															
6	GROUT PLUG MATERIAL: <u>1</u> Neat cement 2 Cement grout 3 Bentonite 4 Other																															
	Grout Plug Intervals: From <u>24.3</u> ft. to <u>3</u> ft., From ft. to ft., From to ft.																															
	What is the nearest source of possible contamination:																															
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	Direction from well? <u>South + East</u> How many feet? <u>Various</u>																															
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/14/05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) <u>Jan 6 2006</u> under the business name of <u>Layne Christensen</u> by (signature) <u>Quall W. Kealey</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, 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.																																