

1	LOCATION OF WATER WELL:	Fraction <u>SE SW SW</u>	Section Number <u>20 17</u>	Township Number <u>27 S</u>	Range Number <u>1</u>
County: <u>Sedgwick</u>					

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

9518 West Central And Caddy Ln. Amoco # 9717

2	WATER WELL OWNER: <u>BP Amoco</u>
RR #, St. Address, Box #: <u>P.O. Box 15748</u> <u>66285</u>	
City, State, ZIP Code: <u>SHAWNEE MISSOURI KS</u> Board of Agriculture, Division of Water Resources	
Application Number: _____	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>28.6</u> ft.
		WELL'S STATIC WATER LEVEL <u>20.0</u> ft.	
		WELL WAS USED AS:	
		1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other _____	
		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>	

5	TYPE OF BLANK CASING USED:
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____	
Casing height above or below land surface <u>2</u> in. If yes, how much <u>28.6 FT</u>	

6	GROUT PLUG MATERIAL:
1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____	
Grout Plug Intervals: From <u>20</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	
What is the nearest source of possible contamination:	
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage <u>STREET Run off</u> 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? <u>999</u> How many feet? <u>99.9</u>	

FROM	TO	PLUGGING MATERIALS
<u>20'</u>	<u>0"</u>	<u>Augered To 20 FT</u>
		<u>Back filled with Bentonite</u>
		<u>grout.</u>

MW #16

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-6-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>10-13-03</u> under the business name of <u>PRO-T-WELL ENVIRONMENTAL</u> by (signature) <u>Shawn Egan</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.