

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	SE ¼ NE ¼ SE ¼	11	28	1
Distance and direction from nearest town or city street address of well If located within city? 3727 S. West St., Wichita				

2 WATER WELL OWNER: Hampel Oil	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: 3727 S. West St.	Application Number:
City, State, ZIP Code : Wichita, KS 67277	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL15.0..... ft. BTOC											
N <table border="1" style="width:100%"><tr><td style="width:50%">NW</td><td style="width:50%">NE</td></tr><tr><td style="width:50%">SW</td><td style="width:50%">SE</td></tr></table> S W E X	NW	NE	SW	SE	WELL'S STATIC WATER LEVEL14.1..... ft.							
	NW	NE										
	SW	SE										
	WELL WAS USED AS:											
<table style="width:100%"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>Other Observation well</td></tr></table>	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	Other Observation well
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Was a chemical / bacteriological sample submitted to Department? Yes No✓												
If yes, mo/day/yr sample was submitted												
Water Well Disinfected: Yes No✓												

5 TYPE OF BLANK CASING USED:	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
• PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter4..... in.	Was casing pulled? Yes✓..... No If yes, how much15'.....*
Casing height above or below land surface0..... in.	

6 GROUT PLUG MATERIAL:	1 Neat cement 2 Cement grout • Bentonite • Other Concrete																				
Grout Plug Intervals:	From0..... ft. to1..... ft., From1..... ft. to15..... ft., From to ft.																				
What is the nearest source of possible contamination:																					
<table style="width:100%"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		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		
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Direction from well?	How many feet?																				

FROM	TO	PLUGGING MATERIALS
0	1	Concrete
1	15	Bentonite (11")

*Drilled out to 15'

OBW4

KDHE #U2 087 00335

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year)9/27/2006..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.527..... This Water Well Record was completed on (mo/day/year)10/04/2006..... under the business name of Geopcore Inc.....
by (signature)	<i>Dale Bell</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.