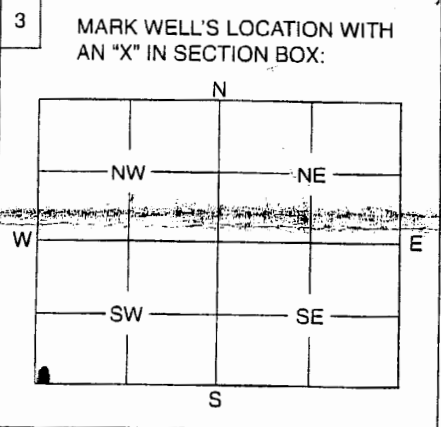


1 LOCATION OF WATER WELL: Fraction SW SW Section Number 29 Township Number 24 Range Number 15
 County: Smith E/W

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

2 WATER WELL OWNER: CITY OF KANSAS CITY MO
 RR #, St. Address, Box #: 4015 Main (95) Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: MO 64111 Application Number:



4 DEPTH OF WELL 57 ft.
 WELL'S STATIC WATER LEVEL ON KNOWN
 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 not used
 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)
 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
 Blank casing diameter 8 in. Was casing pulled? Yes No If yes, how much
 Casing height above or below land surface 1 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Fill Sand
 Grout Plug Intervals: From ft. to ft., From ft. to ft., From 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
 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? EAST How many feet? 2400

FROM	TO	PLUGGING MATERIALS
		3 GROUT PLUG
Bottom 50'		Fill Sand
50' to		Cement

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-2-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractors License No. 1-0-05 This Water Well Record was completed on (mo/day/year) 9-2-05 under the business name of CITY OF KANSAS CITY MO by (signature) [Signature]

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.