

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Sedgwick	SE ¼ SE ¼ SE ¼	20	25	1 E

Distance and direction from nearest town or city street address of well if located within city?
2 miles East & 1 mile North of Valley Center, Ks.

2 WATER WELL OWNER: **Jack Lane**
 RR #, St. Address, Box #: **9801 N Seneca** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Valley Center, Ks. 67147** Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 1 @ 200 ft- 2 @ 185 ft- 2 @ 170 ft												
	WELL'S STATIC WATER LEVEL 4 ft. 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><input checked="" type="checkbox"/> Other Geo-thermal</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	<input checked="" type="checkbox"/> Other Geo-thermal
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	Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No X												

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Polyethylene

Blank casing diameter **3/4** in. Was casing pulled? Yes No If yes, how much

Casing height above or below land surface

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other

Grout Plug Intervals: From **5** ft. to **200** ft., From **5** ft. to **185** ft., From **5** to **185** ft.
From 5 ft to 170 ft, From 5 ft to 170 ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)
<input checked="" type="checkbox"/> 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? **North** How many feet? **200 ft**

FROM	TO	PLUGGING MATERIALS
0	2	Topsoil
2	10	Clay, tan
10	16	Sand, fine
16	200	Shale, gray

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **2/26/07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **138** This Water Well Record was completed on (mo/day/year) **3/13/07** under the business name of **Peterson Irrigation, Inc.** by (signature) *Mike Peterson*

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.