

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Sedgwick</u>	<u>SW 1/4 SW 1/4 SW 1/4 SW</u>	<u>27</u>	<u>25</u>	<u>2</u> (EAV)

Distance and direction from nearest town or city street address of well if located within city?
8600 N Greenwich

2	WATER WELL OWNER: <u>Tom Grisham</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>7015 Sheriac</u>	Application Number:
	City, State, ZIP Code: <u>Wichita, KS 67209</u>	

<p>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p> <div style="text-align:center;"> </div>	<p>4 DEPTH OF WELL ft. <u>61</u></p> <p>WELL'S STATIC WATER LEVEL ft. <u>31</u></p> <p>WELL WAS USED AS:</p> <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td><input checked="" type="radio"/> 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>12 Other</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/></p> <p>If yes, mo/day/yr sample was submitted</p> <p>Water Well Disinfected: Yes <input checked="" type="checkbox"/> No</p>	1 Domestic	5 Public Water Supply	9 Dewatering	<input checked="" type="radio"/> 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
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5 TYPE OF BLANK CASING USED:

<input checked="" type="radio"/> 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 5 in. Was casing pulled? Yes No

Casing height above or below land surface 48 in. If yes, how much

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From 4 ft. to 30 ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

<input checked="" type="radio"/> 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	
<input checked="" type="radio"/> 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? 20-25

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>4</u>	<u>Native F. H</u>
<u>0</u>	<u>30</u>	<u>Bentonite Hole Plug</u>
<u>30</u>	<u>61</u>	<u>Sand</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 1/14/07 under the business name of C. Lee Water, Inc. by (signature) Darryl Day

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.