

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
County: <u>Sedgwick</u>	<u>SE 1/4 SE 1/4</u>	<u>31</u>	<u>26</u>	<u>1E</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>2501 Somerset, WICHITA, KS 67204</u>																															
2 WATER WELL OWNER: <u>ROSEMARIE DERRMORE</u>																															
RR#, St. Address, Box #: <u>2501 Somerset</u> Board of Agriculture, Division of Water Resources																															
City, State, ZIP Code: <u>WICHITA, KS 67204</u> Application Number:																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL..... <u>20</u>ft.																													
<table border="1" style="width:100%; text-align: center; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>N W</td><td></td><td>N E</td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td></tr> </table>					N W		N E	W		E	S W		S E				S			WELL'S STATIC WATER LEVEL... <u>15</u>ft.											
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WELL WAS USED AS:																															
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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:																															
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Blank casing diameter... <u>5</u>in. Was casing pulled? Yes..... No <u>X</u> ... If yes, how much.....																															
Casing height above or below land surface... <u>In basement</u>																															
6 GROUT PLUG MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout 3 Bentonite 4 Other.....																															
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.																															
What is the nearest source of possible contamination:																															
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>August 12, 1995</u> 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) <u>August 12, 1995</u> under the business name of <u>Rose Marie Derrmore</u> by (signature) <u>Property Owner</u>																															
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																															