

1 LOCATION OF WATER WELL: County: Sedgwick	Fraction NW 1/4 NE 1/4 SE 1/4	Section Number 19	Township Number 26S	Range Number 1E
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Distance and direction from nearest town or city street address of well if located within city?
65 feet west - 4841 Sullivan, Wichita

2 WATER WELL OWNER: RR#, St. Address, Box #: 2640 Manhattan City, State, ZIP Code : Wichita, KS 67204	Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td><td>X</td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="4">S</td></tr> </table>	N W		N E		W			E				X	S W		S E		S				4 DEPTH OF WELL.....18.....ft. WELL'S STATIC WATER LEVEL...17.....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><input checked="" type="checkbox"/> Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes....No. <input checked="" type="checkbox"/> . If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes... <input checked="" type="checkbox"/> No.....	1 Domestic	5 Public Water Supply	9 Dewatering	<input checked="" type="checkbox"/> Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 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 1/2.....in. Was casing pulled? Yes..... No.. <input checked="" type="checkbox"/> ... If yes, how much..... Casing height above or below land surface.....0.....in.
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6 GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other.....	Grout Plug Intervals: From 17..ft. to 9...ft., From 9...ft. to 0...ft., From..... to.....ft.
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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? ...south..... How many feet? ...10.....

FROM	TO	PLUGGING MATERIALS
9	0	cement grout
17	9	bentonite
18	17	sand/bleach

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....8/9/96..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. pending 628	This Water Well Record was completed on (mo/day/year) 8/9/96..... under the business name of
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by (signature) *James M. [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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.