Section Number Sect	SW SW NE SW							
Distance and direction from nearest town or city street address of well if located within city? DOWN ARMSTROM ARMSTROM ARMSTROM DARRED RICKETS REW, St. Address, Box #: 5600 CARMSTROM 9 Board of Agriculture, Division of Mater Resources City, State; 21P Code : Unchit A KS 672004 Application Number: Maker Well of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section BOX: Department of Location With AN "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section Box: Department of Location With An "X" In Section With With An "X" In Section With An "X" In Section With An "X" In Section With With An "X" In Section With An "X" In Section With An "X" In	1 LOCATIO	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number		
Distance and direction from nearest town or city street address of well if located within city? WATER WELL OWNER: DARREN RICKETS	County:	Bedawick	₩ // 7 //-	17	26	16		
2 MATER WELL OWNER: DARREN RICKETS REM, St. Address, Box #: DIOCARMS TRONG Board of Agriculture, Division of Water Resources City, State, 2IP code : Wichita, K5 (2700) Application Number: 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL	Distance and direction from nearest town or city street address of well if located within city?							
REW, St. Address, Box #: 5600 ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Board of Agriculture, Division of Water Resources City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 Dewatering City, State, 21P code : WILLIAM, KS GOOD ARMS TRON 9 CODE : WILLIAM,								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL	RR# St. Address Rox #: 5600 ARMSTRONG Board of Agriculture, Division of Water Resources							
MELL'S STATIC MATER LEVEL								
WELL MAS USED AS: 1 Domestic 2 Irrigation 5 Public Water Supply 9 Dewatering 10 Monitoring Well 3 Feedlot 4 Industrial 8 Air Conditioning 12 Other	⊢ AN "X" IN SECTION BOX: ⊢ ⊢							
1 Domestic 2 Irrigation 5 Public Water Supply 9 Dewatering 10 Monitoring Well 2 Irrigation 5 Feedot 2 Irrigation 6 Gil Field Water Supply 10 Monitoring Well 11 Injection Well 11 Injection Well 11 Injection Well 12 Other								
2 Irrigation								
S Was a chemical/bacteriological sample submitted to Department? YesNo		2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well						
Water Well Disinfected: Yes No	w							
Water Well Disinfected: Yes No								
Type OF BLANK CASING USED: 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	S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo							
TYPE OF BLANK CASING USED: Stage								
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 diameterin. Was casing pulled? YesNo								
Blank casing diameter	5 TYPE OF BLANK CASING USED:							
Blank casing diameter					(specify below)	i		
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grow 3 Bentonite 4 Other	1							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grow 3 Bentonite 4 Other	Blank casing diameterin. Was casing pulled? Yes No If yes, how much. 1././							
Grout Plug Intervals: From		=			4 Other			
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 0 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?								
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 3 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? 10 Livestock pens 15 Oil well/Gas well FROM TO PLUGGING MATERIALS 20 3 Comparion Sull TO CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 3 2 3 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) under the business name of by (signature) INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,	l							
2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 3 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? SOW How many feet? FROM TO PLUGGING MATERIALS O COMPANY OF SON LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 8.2.2.9.2 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Under the business name of by (signature) INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,								
Season 13 Insecticide storage 20 20 20 20 20 20 20 2	2 Sei	wer lines	7 Pit privy	12 Fertilizer storag	ge	ecity below)		
TO PLUGGING MATERIALS Comparing Squid TO CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)			8 Sewage lagoon	15 Insecticide store	age			
FROM TO PLUGGING MATERIALS 20 3 Common Toyout 3 0 Comfavior Sgi) 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Comparion Sail Contractor's OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	Direction from well? DOUTH. How many feet?							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	FROM	TO P	LUGGING MATERIALS					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	20	3 Con	MONIT ACMIT					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	Z	O Com	Parite Sar	7				
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on (mo/day/year). 3		I						
by (signature)	on (mo/day/year)\$							
by (signature)	Water	Well Contractor's Lic	ense No	This Water Well	Record was completed	on (mo/day/year)		
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,	l				•••••			
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.								