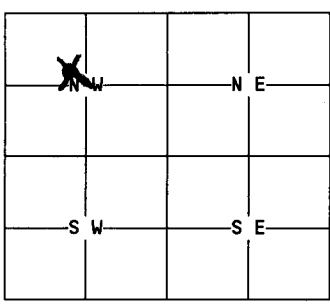


1 LOCATION OF WATER WELL: County: Sedgwick		Fraction <u>SE SE NW SE</u> <u>near center NW 1/4</u>	Section Number <u>30</u>	Township Number <u>26</u>	Range Number <u>1 E</u>																					
Distance and direction from nearest town or city street address of well if located within city? <u>In City Limits - 1430 Nottingham Circle, Wichita, KS</u>																										
2 WATER WELL OWNER: <u>Glen Chambers</u> RR#, St. Address, Box #: <u>1430 Nottingham Circle</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code : <u>Wichita, KS 67204-3450</u> Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N  W E S S		4 DEPTH OF WELL... <u>150</u> ... <u>150</u> .....ft. WELL'S STATIC WATER LEVEL.....ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning <input checked="" type="checkbox"/> Other.. <u>Heat Pump</u> ..... 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..... No. <input checked="" type="checkbox"/> ...																								
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 ..... <u>Polyethylene</u> ..... Blank casing diameter... <u>3/4</u> .....in. Was casing pulled? Yes..... No. <input checked="" type="checkbox"/> ... If yes, how much..... Casing height above or below land surface.....in.																										
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other..... Grout Plug Intervals: From... <u>0</u> ..ft. to <u>150</u> ..ft., From... <u>0</u> ..ft. to <u>150</u> ..ft., From..... to.....ft. 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 <input checked="" type="checkbox"/> 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? <u>South</u> ..... How many feet? ... <u>50</u> .....																										
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Top Soil</td></tr><tr><td>2</td><td>11</td><td>Tan Clay</td></tr><tr><td>11</td><td>42</td><td>Fine to Medium Sand</td></tr><tr><td>42</td><td>80</td><td>Gray Shale</td></tr><tr><td>80</td><td>103</td><td>Red Shale</td></tr><tr><td>103</td><td>150</td><td>Gray Shale</td></tr></tbody></table>						FROM	TO	PLUGGING MATERIALS	0	2	Top Soil	2	11	Tan Clay	11	42	Fine to Medium Sand	42	80	Gray Shale	80	103	Red Shale	103	150	Gray Shale
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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>6/21/99</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>138</u> ..... This Water Well Record was completed on (mo/day/year) .... <u>6/30/99</u> ..... under the business name of ... <u>PETERSON IRRIGATION, INC.</u> ..... by (signature) ..... <u>Mike Peterson</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.																										