

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
County: <u>Sedgewick</u>	<u>NW 1/4 Sec 14 NW 1/4</u>	<u>7</u>	<u>26 S</u>	<u>1 E</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>N West of Wichita</u>																												
2 WATER WELL OWNER: <u>Kenneth Smith</u>																												
RR#, St. Address, Box #: <u>1300 W 63rd St N</u> , Board of Agriculture, Division of Water Resources City, State, ZIP Code: <u>Valley Center 67204</u> Application Number:																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL..... <u>Unknown</u> ..ft.																										
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); margin-right: 5px;">Meridian</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td colspan="2">N</td></tr> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> <tr><td colspan="2">S</td></tr> </table> <div style="writing-mode: vertical-rl; margin-left: 5px;">Section</div> </div>		N		NW	NE	SW	SE	S		WELL'S STATIC WATER LEVEL..... <u>Inaccessible</u>																		
		N																										
NW	NE																											
SW	SE																											
S																												
WELL WAS USED AS:																												
<div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div>																												
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:																												
1 Steel 13 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 14 ABS 6 Asbestos-Cement 8 Concrete Tile																												
Blank casing diameter. <u>2</u>in. Was casing pulled? Yes. <u>X</u> No..... If yes, how much. <u>8 ft</u>																												
Casing height above or below land surface. <u>3 ft below</u>																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																												
Grout Plug Intervals: from <u>999</u> ft. to <u>3</u> ft., From.....ft. toft., From..... toft.																												
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 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well																												
Direction from well? <u>N. W.</u> How many feet? <u>43</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>Unknown</u></td> <td><u>3</u></td> <td><u>Concrete 28</u></td> </tr> <tr> <td><u>3</u></td> <td><u>0</u></td> <td><u>Backfill 01</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	<u>Unknown</u>	<u>3</u>	<u>Concrete 28</u>	<u>3</u>	<u>0</u>	<u>Backfill 01</u>															
FROM	TO	PLUGGING MATERIALS																										
<u>Unknown</u>	<u>3</u>	<u>Concrete 28</u>																										
<u>3</u>	<u>0</u>	<u>Backfill 01</u>																										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/19/99</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>7/19/99</u> under the business name of by (signature) <u>Ken Smith (RACHELLE MEYERES-Heath Dept.)</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: 785/296-3565. Send one to Water Well Owner and retain one for your records.																												

RECEIVED

JUL 22 1999

BUREAU OF WATER