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1	LOCATION OF WATER WELL:	Fraction <del>3/4</del> <del>1/4</del> <del>1/4</del> <del>1/4</del>	Section Number <del>27</del> 31	Township Number <del>26</del> 26S	Range Number <del>1E</del> 1E
County: Sedgwick					

Distance and direction from nearest town or city street address of well if located within city?

3124 Somerset

2	WATER WELL OWNER: Patricia Jacobs	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: 8414 W. 13th		Application Number:
City, State, ZIP Code: Wichita KS 67212		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 30 ft												
		WELL'S STATIC WATER LEVEL ..... 10 ft.													
WELL WAS USED AS:															
<table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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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 .....															

5	TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter: 2 in. Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> If yes, how much .....											
Casing height above or below land surface: 3 ft in.											

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other ..... Grout Plug Intervals: From 10 ft. to 3 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.																				
What is the nearest source of possible contamination:																					
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Direction from well? east How many feet? 3																					

FROM	TO	PLUGGING MATERIALS
30	10	gravel
10	3	cement
3	0	top soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-18-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 318 under the business name of Weninger Plumbing Co. by (signature) Michelle Borge
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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.