

1 LOCATION OF WATER WELL: County: <u>SEDGWICK</u>	Fraction <u>NW 1/4 NE 1/4 SE 1/4</u>	Section Number <u>18</u>	Township Number <u>26 S.</u>	Range Number <u>1 E</u>
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Distance and direction from nearest town or city street address of well if located within city?
5759 SULLIVAN WICHITA, KS 67204

2 WATER WELL OWNER: <u>LESTER BARNES</u> <u>5759 SULLIVAN</u> RR#, St. Address, Box #: City, State, ZIP Code : <u>WICHITA, KS 67204</u>	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; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">N W</td> <td style="width:33%; text-align: center;">N E</td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">W</td> <td></td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">S W</td> <td style="text-align: center;">S E</td> <td></td> </tr> <tr> <td style="text-align: center;">S</td> <td></td> <td></td> </tr> </table>	N W	N E		W		E	S W	S E		S			4 DEPTH OF WELL <u>2.0</u> ft. <u>DID NOT MEASURE</u> WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS: <u>1 Domestic</u> 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes.....No..... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No. <u>X</u>
N W	N E												
W		E											
S W	S E												
S													

5 TYPE OF BLANK CASING USED:

1 Steel
 2 PVC

3 RMP (SR)
 4 ABS

5 Wrought
 6 Asbestos-Cement

7 Fiberglass
 8 Concrete Tile

9 Other (specify below)

Blank casing diameter.....1 1/4.....in. Was casing pulled? Yes..... No. X If yes, how much.....
 Casing height above or below land surface.....0.....in. CUT FLUSH WITH BASEMENT FLOOR

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
 3 Watertight sewer lines
 4 Lateral lines
 5 Cess Pool

6 Seepage pit
 7 Pit privy
 8 Sewage lagoon
 9 Feedyard
 10 Livestock pens

11 Fuel storage
 12 Fertilizer storage
 13 Insecticide storage
 14 Abandoned water well
 15 Oil well/Gas well

16 Other (specify below)

Direction from well? ...EAST..... How many feet?10.....

FROM	TO	PLUGGING MATERIALS
<u>20</u>	<u>1</u>	<u>GRAVEL</u>
<u>1</u>	<u>0</u>	<u>CONCRETE</u>

0 EQUALS BASEMENT FLOOR

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-26-01 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) Lester Barnes

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.