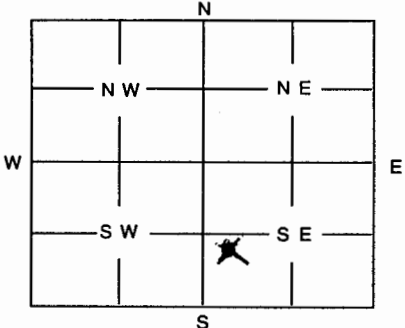


1	LOCATION OF WATER WELL: County: <b>Sedgwick</b>	Fraction <b>NE NW NW SW</b> <b>1/4 2/4 3/4 4/4</b>	Section Number <b>19</b>	Township Number <b>26</b>	Range Number <b>1 E</b>
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Distance and direction from nearest town or city street address of well if located within city?

**In city limits, 2353 Harbour Light Court, Wichita, KS**

2	WATER WELL OWNER: <b>Mr. Smelzer; c/o Fahnestock Htg. &amp; Cooling</b>	
	RR #, St. Address, Box #: <b>3532 N. Comotara</b>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : <b>Wichita, KS 67226-9883</b>	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  	4	DEPTH OF WELL <b>200-200-200</b> ft <b>200-200-200-200</b> <b>7 @ 200 ft.</b> WELL'S STATIC WATER LEVEL <b>15</b> 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 <u>Other</u> <b>Heat Pump</b></td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes ..... No <b>X</b>..... If yes, mo/day/yr sample was submitted .....</p> <p>Water Well Disinfected: Yes <b>X</b>..... No .....</p>	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 <u>Other</u> <b>Heat Pump</b>
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5	TYPE OF BLANK CASING USED:	
	1 Steel	3 RMP (SR)
	2 PVC	4 ABS
	5 Wrought	6 Asbestos-Cement
	7 Fiberglass	8 Concrete Tile
	<b>X Other (Specify below)</b> <b>Polyethylene</b>	
	Blank casing diameter <b>3/4</b> in. Was casing pulled? Yes ..... No <b>X</b> ..... If yes, how much .....	
	Casing height above or below land surface ..... in.	

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <b>X Bentonite</b> 4 Other .....	
	Grout Plug Intervals: From <b>0</b> ft. to <b>200</b> ft., From <b>0</b> ft. to <b>200</b> ft., From <b>0</b> to <b>200</b> ft.	
	What is the nearest source of possible contamination:	
	1 Septic tank	6 Seepage pit
	2 Sewer lines	7 Pit privy
	<b>X Watertight sewer lines</b>	8 Sewage lagoon
	4 Lateral lines	9 Feedyard
	5 Cess Pool	10 Livestock pens
	11 Fuel storage	16 Other (specify below)
	12 Fertilizer storage	
	13 Insecticide storage	
	14 Abandoned water well	
	15 Oil well/Gas well	
	Direction from well? <b>West</b> How many feet? <b>50</b>	

FROM	TO	<del>EXPOSED</del> MATERIALS
		<b>Lithologic Log</b>
<b>0</b>	<b>2</b>	<b>Topsoil</b>
<b>2</b>	<b>12</b>	<b>Clay, Brown</b>
<b>12</b>	<b>48</b>	<b>Sand &amp; gravel, coarse</b>
<b>48</b>	<b>55</b>	<b>Shale, Red</b>
<b>55</b>	<b>172</b>	<b>Shale, gray</b>
<b>172</b>	<b>200</b>	<b>Shale &amp; gypsum</b>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <b>1/8/02</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>138</b> This Water Well Record was completed on (mo/day/year) <b>1/21/02</b> under the business name of <b>Peterson Irrigation, Inc.</b> by (signature) <i>Mike Peterson</i>	
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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.