1 LOCATION OF WATER WELL:			, ,	SWSE SW	Section	n Number	Townst	Number	Range Num	ber		
Co	unty: SE	D6W1	CK	She 1/4 958	1/4 4/8/1/4			7	DAG	KIŁ		
Distance and direction from nearest town or city street address of well if located within city? Utility room/basement - 6244 Bella Road Wichita KS												
2	WATER V	VELLOWNER	: Natali	e : Gavi	nlayu	,/	76 110		POICE	74 7 -		
		Address, Box :	# 6244 Wid	Bella chita,	KOI KS		Soard of Agriculture, Application Number:		f Water Resource	es		
3		VELL'S LOCA IN SECTION I			OF WELL			•				
w		N		WELL'S	STATIC WATER	R LEVEL						
	N W ———————————————————————————————————			WELL WAS USED AS:								
				1 Domestic 5 Public Water Supply 9 Dewate 2 Irrigation 6 Oil Field Water Supply 10 Monito					tering oring Well			
				1	eedlot	7 (Domestic (Lawn &		11 Injecti	on Well		
	E			4 Industrial 8 Air Conditioning 12 Other								
	s v	v — —	- S E	Was a chemical / bacteriological sample submitted to Department?Yes								
		×		Water Well [Water Well Disinfected: Yes No							
L		S		Water Weil	Jishi neoted.							
5	5 TYPE OF BLANK CASING USED:											
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter												
6 GROUT PLUG MATERIAL: 1 Neat cement Cement growt Bentonite 4 Other												
Grout Plug Intervals: From												
What is the nearest source of possible contamination:												
1 Septic tank							1 Fuel storage 16 Other (specify below)					
2 Sewer lines			7 Pit privy	<i>,</i> .	12	Fertilizer storage						
4 Lateral lines			8 Sewage 9 Feedya		13 14							
5 Cess Pool			10 Livesto			Oil well/Gas well						
Direction from well? South How many feet? 9												
FROM TO PLUG			GGING MATERIALS									
	2 0 Ceme		nt									
10 2 Bin		tmite										
	22	10	Somo	1/blea	rch							
7	CONTR	ACTOR'S C	R LANDOWN	ER'S CERTIFI	CATION: Th	is water	well was plugge	d under	my jurisdiction	n and was comple	ted	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)											sas	
5/8/02 under the business name of												
by (signature)												
IN	STRUCT	IONS: Use	typewriter or ba	all point pen. <u>P</u>	ease press f	irmly and	print clearly. Plea	ase fill in l	blanks, underli	ne or circle the cor	rect	
ar Te	INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.											