

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County <u>Sedgewick</u>	<u>SE 1/4 SE 1/4 SE 1/4</u>		<u>19</u>		<u>265</u>		<u>1E</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>1315 Sullivan Circle Wichita KS 67204</u>																																
2	WATER WELL OWNER: <u>Ray & Lyda Woods</u>																															
	RR #, St. Address, Box #:		Board of Agriculture, Division of Water Resources																													
	City, State, ZIP Code:		Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF WELL <u>25</u> ft.																													
			WELL'S STATIC WATER LEVEL <u>11</u> ft.																													
			WELL WAS USED AS:																													
			<input checked="" type="checkbox"/> 1 Domestic 5 Public Water Supply 9 Dewatering <input type="checkbox"/> 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well <input type="checkbox"/> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well <input type="checkbox"/> 4 Industrial 8 Air Conditioning 12 Other																													
			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:																															
	<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile																															
Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much																																
Casing height above or below land surface <u>36</u> in. <u>above concrete</u>																																
6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 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:																																
<input checked="" type="checkbox"/> 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines 7 Pit privy 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines 9 Feedyard 14 Abandoned water well <input type="checkbox"/> 5 Cess pool 10 Livestock pens 15 Oil well/Gas well																																
Direction from well? <u>South West</u> How many feet? <u>78</u>																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>25</u></td> <td><u>0</u></td> <td><u>Cement + Sand</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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>									FROM	TO	PLUGGING MATERIALS	<u>25</u>	<u>0</u>	<u>Cement + Sand</u>																		
FROM	TO	PLUGGING MATERIALS																														
<u>25</u>	<u>0</u>	<u>Cement + Sand</u>																														
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/25/03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> This Water Well Record was completed on (mo/day/year) by (signature) <u>Ray & Lyda Woods</u> under the business name of <u>Landowner</u> <u>7/25/03</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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																																