

1	LOCATION OF WATER WELL:	Fraction <u>NE NE SE SW</u>	Section Number <u>16</u>	Township Number <u>26 S</u>	Range Number <u>1</u> <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>
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County: Sedgwick SE 1/4 NE 1/4 SE 1/4

Distance and direction from nearest town or city street address of well if located within city?  
GPS coord. N 37.78697 W 97.32676

2	WATER WELL OWNER: <u>Carey, Thomas, Hoover, and Brevitt</u>	<u>MW-8</u> Board of Agriculture, Division of Water Resources Application Number:
RR #, St. Address, Box #: <u>800 E. Central Ave #200</u>		
City, State, ZIP Code: <u>Wichita, KS 67206</u>		

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <div style="text-align: center;"> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td colspan="3" style="text-align:center;">N</td></tr> <tr><td style="width:33%;"></td><td style="width:33%;"></td><td style="width:33%;"></td></tr> <tr><td style="text-align:center;">NW</td><td></td><td style="text-align:center;">NE</td></tr> <tr><td style="text-align:center;">SW</td><td></td><td style="text-align:center;">SE <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">X</span></td></tr> <tr><td colspan="3" style="text-align:center;">S</td></tr> </table> </div>	N						NW		NE	SW		SE <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">X</span>	S			4 DEPTH OF WELL <del>30</del> <u>30</u> ft. WELL'S STATIC WATER LEVEL <u>13.48</u> ft.  WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Domestic</td> <td><input type="checkbox"/> 5 Public Water Supply</td> <td><input type="checkbox"/> 9 Dewatering</td> </tr> <tr> <td><input type="checkbox"/> 2 Irrigation</td> <td><input type="checkbox"/> 6 Oil Field Water Supply</td> <td><input checked="" type="checkbox"/> 10 Monitoring Well</td> </tr> <tr> <td><input type="checkbox"/> 3 Feedlot</td> <td><input type="checkbox"/> 7 Domestic (Lawn &amp; Garden)</td> <td><input type="checkbox"/> 11 Injection Well</td> </tr> <tr> <td><input type="checkbox"/> 4 Industrial</td> <td><input type="checkbox"/> 8 Air Conditioning</td> <td><input type="checkbox"/> 12 Other .....</td> </tr> </table> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <span style="float:right; border: 1px solid black; border-radius: 50%; padding: 2px;">X</span> ..... If yes, mo/day/yr sample was submitted .....	<input type="checkbox"/> 1 Domestic	<input type="checkbox"/> 5 Public Water Supply	<input type="checkbox"/> 9 Dewatering	<input type="checkbox"/> 2 Irrigation	<input type="checkbox"/> 6 Oil Field Water Supply	<input checked="" type="checkbox"/> 10 Monitoring Well	<input type="checkbox"/> 3 Feedlot	<input type="checkbox"/> 7 Domestic (Lawn & Garden)	<input type="checkbox"/> 11 Injection Well	<input type="checkbox"/> 4 Industrial	<input type="checkbox"/> 8 Air Conditioning	<input type="checkbox"/> 12 Other .....
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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 2 in. in. Was casing pulled? Yes X No ..... If yes, how much All (30ft)  
 Casing height above or below land surface Approx 3 in. in.

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

Grout Plug Intervals: From ..... ft. to ..... ft., From 0 ft. to 30ft ft., From ..... to ..... ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 6 Seepage pit	<input checked="" type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 16 Other (specify below)
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 12 Fertilizer storage	
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 13 Insecticide storage	
<input type="checkbox"/> 4 Lateral lines	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 14 Abandoned water well	
<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 10 Livestock pens	<input type="checkbox"/> 15 Oil well/Gas well	

Direction from well? West How many feet? 2600

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>30</u>	<u>Bentonite (hydrated)</u>

7 CONTRACTOR'S OF, LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/30/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 614 This Water Well Record was completed on (mo/day/year) ..... under the business name of Maxim Technologies, Inc. by (signature) William Stafford

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.