

1	LOCATION OF WATER WELL: County: <u>Sedgewick</u>	Fraction <u>NE 1/4 NE 1/4 NE 1/4</u>	Section <u>18</u>	Number <u>26</u>	Township <u>1 E</u>	Range <u>1 E</u>
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Distance and direction from nearest town or city street address of well if located within city?

1220 W 60th n.

2	WATER WELL OWNER: <u>Mr. Riley</u> RR #, St. Address, Box #: <u>1220 W 60th n.</u> City, State, ZIP Code: <u>Wichita KS 67209</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: <div style="text-align: center;"> </div>	4	DEPTH OF WELL <u>25</u> ft. WELL'S STATIC WATER LEVEL <u>16</u> ft. WELL WAS USED AS: <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial </div> <div style="width: 33%;"> <input type="radio"/> Public Water Supply <input type="radio"/> Oil Field Water Supply <input type="radio"/> Domestic (Lawn & Garden) <input type="radio"/> Air Conditioning </div> <div style="width: 33%;"> <input type="radio"/> Dewatering <input type="radio"/> Monitoring Well <input type="radio"/> Injection Well <input type="radio"/> Other </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <u>X</u>
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5	TYPE OF BLANK CASING USED: <input checked="" type="radio"/> Steel <input type="radio"/> RMP (SR) <input type="radio"/> Wrought <input type="radio"/> Fiberglass <input type="radio"/> Other (Specify below) <u>Pulled Sand Port</u> <input type="radio"/> PVC <input type="radio"/> ABS <input type="radio"/> Asbestos-Cement <input type="radio"/> Concrete Tile
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Blank casing diameter 1 1/4 in. Was casing pulled? Yes X No If yes, how much well 25'
 Casing height above or below land surface 0 in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
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Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:
☒ Septic tank ☐ Seepage pit ☐ Fuel storage ☐ Other (specify below)
☐ Sewer lines ☐ Pit privy ☐ Fertilizer storage
☐ Watertight sewer lines ☐ Sewage lagoon ☐ Insecticide storage
☐ Lateral lines ☐ Feedyard ☐ Abandoned water well
☐ Cess Pool ☐ Livestock pens ☐ Oil well/Gas well

Direction from well? East How many feet? 25

FROM	TO	PLUGGING MATERIALS
<u>16</u>	<u>0</u>	<u>Cement grout</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1-13-84</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/year) <u>1-15-84</u> under the business name of <u>Bearden Pump & Well</u> by (signature) <u>David Beck</u>
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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.