

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Sedgwick</u>	<u>SW 1/4 NE 1/4 NE 1/4</u>	<u>30</u>	<u>26 S</u>	<u>1</u> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>																											
Distance and direction from nearest town or city street address of well if located within city? <u>4588 ft North &amp; 1284 ft West</u> <span style="float: right;"><u>GPS N 37.76497</u> <u>W 97.35858</u></span>																																
2	WATER WELL OWNER: <u>Chisholm Creek Utility Authority</u>																															
	RR #, St. Address, Box #: City, State, ZIP Code : <u>5551 North Broadway</u> <u>Park City, KS 67219</u>		Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>51</u> ft.																												
<div style="text-align: center;">N</div> <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td style="text-align: center;">X</td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> </table> <div style="text-align: center;">S</div>					NW		NE		X		SW		SE				WELL'S STATIC WATER LEVEL <u>15'-1"</u> ft.															
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WELL WAS USED AS:																																
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span>																																
If yes, mo/day/yr sample was submitted .....																																
Water Well Disinfected: Yes <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span> No .....																																
5	TYPE OF BLANK CASING USED:																															
<input checked="" type="radio"/> Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below) <input type="radio"/> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile																																
Blank casing diameter <u>18"</u> in.    Was casing pulled? Yes ..... No <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">X</span> If yes, how much .....																																
Casing height above or below land surface <u>42"</u> in.																																
6	GROUT PLUG MATERIAL:    1 Neat cement <input checked="" type="radio"/> Cement grout <input checked="" type="radio"/> Bentonite    4 Other .....																															
Grout Plug Intervals:    From <u>22'-11"</u> ft. to <u>19'-8"</u> ft.,    From <u>19'-8"</u> ft. to <u>+3.5'</u> ft.,    From ..... to ..... ft.																																
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/28/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) ..... under the business name of <u>LAYNE CHRISTENSEN COMPANY</u> by (signature) <u>[Signature]</u> <u>CHAD ISEMAN Project Manager</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.																																