

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>SEDGWICK</b>	<b>NW 1/4 SE 1/4 SE 1/4</b>	<b>30</b>	<b>T 26 S</b>	<b>R 1 E</b>

Distance and direction from nearest town or city street address of well if located within city?  
**Three Feet east of 3940 Garland Wichita, Kansas 67204**

2 WATER WELL OWNER: <b>Eleisha A. Barber</b>	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: <b>3940 Garland</b>	Application Number:
City, State, ZIP Code: <b>Wichita Ks 67204</b>	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL..... <b>23</b> .....ft.												
N	WELL'S STATIC WATER LEVEL.. <b>16</b> .....ft.												
N W N E	WELL WAS USED AS:												
W E	<table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td><b>7 Lawn and Garden Only</b></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	<b>7 Lawn and Garden Only</b>	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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S W S E	Was a chemical/bacteriological sample submitted to Department? Yes....No <b>X</b>												
S	If yes, mo/day/yr sample was submitted.....												
	Water Well Disinfected: Yes <b>X</b> No.....												

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<b>2 PVC</b>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter.....**5**.....in. Was casing pulled? Yes **X** No..... If yes, how much **Top 3'**

Casing height above or **below** land surface.....**36**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <b>3 Bentonite</b> 4 Other.....	Grout Plug Intervals: From <b>17</b> .ft. to <b>20</b> .ft., From.....ft. to .....ft., From..... to .....ft.															
What is the nearest source of possible contamination:																
<table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	2 Sewer lines	7 Pit privy	12 Fertilizer storage	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage	4 Lateral lines	9 Feedyard	14 Abandoned water well	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	<b>16 Other (specify below)</b> <b>Termite Treatment</b>
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Direction from well? ... <b>East</b> ..... How many feet? .. <b>3 feet</b> .....																

FROM	TO	PLUGGING MATERIALS
<b>23</b>	<b>16</b>	<b>Sand / Bleach</b>
<b>16</b>	<b>6</b>	<b>Compacted Soil</b>
<b>6</b>	<b>3</b>	<b>Bentonite</b>
<b>3</b>	<b>0</b>	<b>Compacted Soil</b>

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **5-20**..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ....**N/A**..... This Water Well Record was completed on (mo/day/year) **5-23-95**..... under the business name of **Sed. Con. Cons.**..... Dist. ....  
 by (signature) **James M. Mays**

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.