

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <b>SEDGWICK</b>	<b>NE<sup>1</sup>/<sub>4</sub> SE<sup>1</sup>/<sub>4</sub> NE<sup>1</sup>/<sub>4</sub></b>	<b>4</b>	<b>T 26 S</b>	<b>R 2 E</b>																											
Distance and direction from nearest town or city street address of well if located within city?																																
2 WATER WELL OWNER: <b>Brian Pulliam</b>																																
RR#, St. Address, Box #: <b>7555 S. Greenwich</b>																																
City, State, ZIP Code : <b>Wichita KS 67226</b>																																
Board of Agriculture, Division of Water Resources																																
Application Number: <b>Unknown</b>																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL..... <b>32</b> .....ft.																												
					WELL'S STATIC WATER LEVEL.... <b>5</b> .....ft.																											
					WELL WAS USED AS:																											
					<input checked="" 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 type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 7 Lawn and Garden Only <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 12 Other.....																											
					Was a chemical/bacteriological sample submitted to Department? Yes....No.. <b>X</b> ..																											
					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) 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile    .. <b>Stone</b> .....																																
Blank casing diameter..... <b>4 ft</b> .....in.    Was casing pulled? Yes.. <b>X</b> ... No..... If yes, how much.....																																
Casing height above or <del>below</del> land surface..... <b>3 ft</b> .....in.																																
6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite    4 Other.....																																
Grout Plug Intervals:    From.. <b>6</b> ..ft. to.. <b>4</b> ..ft., From.....ft. to .....ft., From..... to.....ft.																																
What is the nearest source of possible contamination:																																
1 Septic tank    6 Seepage pit    11 Fuel storage <input checked="" type="checkbox"/> 16 Other (specify below) 2 Sewer lines    7 Pit privy    12 Fertilizer storage <b>Well was abandoned</b> 3 Watertight sewer lines    8 Sewage lagoon    13 Insecticide storage <b>located next to</b> 4 Lateral lines    9 Feedyard    14 Abandoned water well <b>intermittent stream</b> 5 Cess Pool    10 Livestock pens    15 Oil well/Gas well																																
Direction from well? .... <b>W</b> .....    How many feet? ... <b>3</b> ..ft.....																																
<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><b>4</b></td> <td><b>0</b></td> <td><b>Topsoil</b></td> </tr> <tr> <td><b>6</b></td> <td><b>4</b></td> <td><b>Bentonite</b></td> </tr> <tr> <td><b>32</b></td> <td><b>6</b></td> <td><b>Sand / Leach</b></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	<b>4</b>	<b>0</b>	<b>Topsoil</b>	<b>6</b>	<b>4</b>	<b>Bentonite</b>	<b>32</b>	<b>6</b>	<b>Sand / Leach</b>															
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... <b>8/18/01</b> ... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <b>678</b> ..... This Water Well Record was completed on (mo/day/year) .... <b>8/18/01</b> ..... under the business name of <b>WME Enterprises</b> by (signature) <b>WME Enterprises</b>																																
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.																																