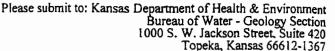
County: <u>Sedawick</u> FractionSESE NW NW	Sec <u>23</u>
Owner: Jacob Smith (to rectify lacking or incorrect	DI PERSON DE CODE AVIVO E
Owner: Jacob Smith	
Location was listed as:	Location changed to:
Section-Township-Range: None Given  Fraction (4 4 4):	23-265-2E
Fraction (¼ ¼ ¼):	SE SE NW NW
Other changes: Initial statements:	-
Changed to:	
Comments:	
Verification method: well owner's address, and county online parcel search, and photos on KGS website  Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co.	crea road map, Sedgwick
County online parcel search, and	mapping tool & aerial
photos on KGS website	initials: 12/3/2015
Submitted by: Kansas Geological Survey, Data Resources Library, 1930 Co	on Suite 420 Topeka KS 66612-1367





## INACTIVE WATER WELL REQUEST FORM WWC-6 KSA

In accordance with K.A.R. 28-30-7, Landowners may obtain the department's written approval to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to the department as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

The well and the annular space between the hole and the casing shall have no defects that will permit the entrance of surface water or vertical movement of subsurface water into the well;

The well is clearly marked and is not a safety hazard;

- The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner;
- The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius; If the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials; The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and

The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the department with the following information on your inactive well. Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in all blanks, underline or circle the correct ancwere

answers	•	
1.	LOCATION OF WATER WELL:         Fraction         Section #         Township #         Range #           County:         Section #         T         S         R         E/W	
2.	WATER WELL OWNER: Jacob Smith  RR#, St. Address, Box #: 5209 N 1315+ St E City, State, Zip Code: Wichita KS 1072 28	
3.	WATER RIGHT FILE NO.: 4. DEPTH OF COMPLETED WELL: file	
5.	WELL'S STATIC WATER LEVEL: ft.	
6.	WELL PREVIOUSLY USED AS: 5. Public Water Supply 8. Air Conditioning 11. Injection Well 1. Domestic 3. Feedlot 6. Oil Field Water Supply 9. Dewatering 12. Other 2. Irrigation 4. Industrial 7. Lawn and Garden Only 10. Observation Well	
7.	TYPE OF BLANK CASING USED: 1. Steel 2. PVC 3. RMP (SR) 4. ABS 5. Wrought Iron 6. Asbestos-Cement 7. Fiberglass 7. Fiberglass 9. Other	
8.	GROUT MATERIAL: 1. Neat Cement 2. Cement Grout 3. Bentonite 4 Other Unknown ft. To ft.	
9.	NEAREST SOURCE OF POSSIBLE CONTAMINATION: 10. Livestock Pens 11. Septic Tank 4. Lateral Lines 7. Pit Privy 11. Fuel Storage 15. Oil Well/Gas Weil 12. Sewer Lines 5. Cess Pool 8. Sewage Lagoon 12. Fertilizer Storage 13. Insecticide Storage 14. Abandoned Water Well 15. Oil Well/Gas Weil 15. Other (specify below) 15. Other (specify below)	
10.	WELL ORIGINALLY CONSTRUCTED BY: (Driller's Name): City, State, Zip Code:	
11.	DATE WELL PLACED ON INACTIVE STATUS:	
12.	ESTIMATED REACTIVATION DATE: July 1, 2015	
I certify this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain the well in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.		