

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	NE 1/4 NE 1/4 SE 1/4	18	27S	1E

Distance and direction from nearest town or city street address of well if located within city?
 15 west of 811 N. Faulkner, Wichita, KS 67203

2 WATER WELL OWNER:	Robert Buckley P.O. Box 17665 Wichita, KS 67217			Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box #: City, State, ZIP Code :				

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4 DEPTH OF WELL.....31.....ft. WELL'S STATIC WATER LEVEL...18.....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply XX Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes....NoX.. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.X... No.....
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5 TYPE OF BLANK CASING USED:	<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 		
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Blank casing diameter...1 1/2.....in. Was casing pulled? Yes..... No.X.... If yes, how much.....
 Casing height above or below land surface.....0.....in.

6 GROUT PLUG MATERIAL:	1 Neat cement XX Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From..0...ft. to..6...ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines XX Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> X6 Other (specify below) Termite treatment </div> </div> Direction from well? ..EAST..... How many feet? ..10.....		
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FROM	TO	PLUGGING MATERIALS
6	0	cement grout
18	6	bentonite
31	18	sand/bleach

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year).....11-28-95..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year).....11-28-95..... under the business name of by (signature) ..Robert W. Buckley..		
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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: 913/296-3565. Send one to Water Well Owner and retain one for your records.