

1	LOCATION OF WATER WELL: County: Sedgwick	Fraction SW 1/4 NE1/4 SE1/4	Section Number 32	Township Number 27S	Range Number 1E																								
Distance and direction from nearest town or city street address of well if located within city? Basement - 1745 S. Main																													
2	WATER WELL OWNER: Teresa Raines RR#, St. Address, Box #: 1745 S. Main City, State, ZIP Code : Wichita, KS 67213																												
Board of Agriculture, Division of Water Resources Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="margin: auto; text-align: center; border-collapse: collapse;"> <tr> <td colspan="2">W</td> <td colspan="2">E</td> </tr> <tr> <td>N W</td> <td></td> <td>N E</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>S W</td> <td></td> <td>S E</td> <td>X</td> </tr> <tr> <td colspan="2">S</td> <td colspan="2"></td> </tr> </table>					W		E		N W		N E						S W		S E	X	S							
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4	DEPTH OF WELL.....17.....ft. WELL'S STATIC WATER LEVEL.....14.....ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 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>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes....NoX... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.X.... No.....					<input checked="" type="checkbox"/> Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....												
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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																												
Blank casing diameter.....1 1/4.....in. Was casing pulled? Yes.X... No..... If yes, how much.12..... Casing height above or below land surface.....0.....in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other..... Grout Plug Intervals: From..17.ft. to..3...ft., From3....ft. to .0...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> <td><input checked="" type="checkbox"/> 6 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>Termite Treatment</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well?South..... How many feet? ...10..inches.....					1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="checkbox"/> 6 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	Termite Treatment	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					
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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)...4/13/96..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Pending 628. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) James M. Morgan																												
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.																													