

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick		NW 1/4 NE 1/4 SE 1/4	14	27S	1E

Distance and direction from nearest town or city street address of well if located within city?
60 ft. west of 843 N. Terrace, Wichita, Kansas

2	WATER WELL OWNER:	Patricia Healy
RR#, St. Address, Box #:		4006 Westport
City, State, ZIP Code :		Wichita, KS 67212
		Board of Agriculture, Division of Water Resources Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4	DEPTH OF WELL.....6.....ft. WELL'S STATIC WATER LEVEL...N/A.....ft. WELL WAS USED AS: <table border="0"> <tr> <td>XX 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>	XX 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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	N W		N E
W			E
			X
	S W		S E

S

Was a chemical/bacteriological sample submitted to Department? Yes....No.X..

If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No..... X(no water present)

5	TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td>XX Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		XX 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...6.....in. Was casing pulled? Yes.X... No..... If yes, how much...3 ft..											
Casing height above or below land surface.....in.											

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout XX Bentonite 4 Other.....																				
Grout Plug Intervals: From...6..ft. to...3..ft., From.....ft. toft., From..... to.....ft.																					
What is the nearest source of possible contamination:																					
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Direction from well?south..... How many feet?10.....																					

FROM	TO	PLUGGING MATERIALS
3	0	topsoil
6	3	bentonite

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-7-96 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) 5-7-96 under the business name of James M. Myers
by (signature) <i>James M. Myers</i>	

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.