

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Sedgwick	SW 1/4 NW 1/4 SW 1/4	32	27S	1E

Distance and direction from nearest town or city street address of well if located within city?
basement - 1001 Lydia, Wichita, KS

2	WATER WELL OWNER:	Don Foster
	RR#, St. Address, Box #:	1001 Lydia
	City, State, ZIP Code :	Wichita, KS
	Board of Agriculture, Division of Water Resources	Application Number: Unknown

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL.....19.....ft.																													
	N		WELL'S STATIC WATER LEVEL.....12.....ft.																													
	<table border="1"> <tr> <td></td> <td>N W</td> <td>N E</td> </tr> <tr> <td>W</td> <td></td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>S W</td> <td>S E</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>S</td> <td></td> </tr> </table>		N W	N E	W				X			S W	S E					S		<p>WELL WAS USED AS:</p> <table> <tr> <td>1 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><input checked="" type="checkbox"/> 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> <p>Was a chemical/bacteriological sample submitted to Department? Yes....No.X.. If yes, mo/day/yr sample was submitted.....</p> <p>Water Well Disinfected: Yes.X... No.....</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	<input checked="" type="checkbox"/> 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...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 <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other.....
	Grout Plug Intervals: From...19...ft. to...0...ft., From.....ft. toft., From..... toft.

What is the nearest source of possible contamination:

- | | | | |
|--------------------------|-------------------|-------------------------|---|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | <input checked="" type="checkbox"/> 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 | |

Direction from well? north How many feet? 1 ft. north of south basement wall

FROM	TO	PLUGGING MATERIALS
19	0	bleach/concrete

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/3/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. pending. This Water Well Record was completed on (mo/day/year) 5/5/97 under the business name of James M. [Signature] (672)
	by (signature) [Signature]

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.