

NE NW SW SE

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Sedgewick	8 14 8 14 8 14	32	27	1E

Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER:	Steve or Shirley Stigall
	RR#, St. Address, Box #:	2141 So Waco
	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:	4	DEPTH OF WELL.....20.....ft.																													
	N		WELL'S STATIC WATER LEVEL.....5.....ft.																													
	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td></td><td>N</td><td>E</td></tr> <tr><td>W</td><td></td><td></td><td></td><td>E</td></tr> <tr><td>S</td><td>W</td><td></td><td>S</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>					N	W		N	E	W				E	S	W		S	E												WELL WAS USED AS:
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			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....																													

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 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>	1 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.....2.....in. Casing height above or below land surface.....0.....in. 36" BELOW GROUND										
	Was casing pulled? Yes..... No.X... If yes, how much.....										

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From.....20.....ft. to.....3.....ft., From.....ft. to.....ft., From..... to.....ft. What is the nearest source of possible contamination: <table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></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>	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		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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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
20	3	Cement Grout
36"	0	Top soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....5/4/97..... 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).....5/4/97..... under the business name ofProperty Owner..... by (signature)Steve Stigall.....
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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.