						1
	OF WATER WELL	- 1	Fraction	Section Number	Township Number	Range Number
County: 5	edan ick		W 1/4 NW1/4 SE1/4	20 25	T285	RIE
Distance and direction from nearest town or city street address of well if located within city?						
5701 E. Lincoln, wichita 128.  2 WATER WELL OWNER: Town + Country Narkets						
DD# St Ad	dress Roy #:	un F	COUNTY MORK	Board of Agri	culture, Division of	Water Resources
City, State	, ZIP Code :	with	BOX 17087 Ta, KS. 672	17 Application N	umber: 019480	37 NW-3
3 MARK WEL	L'S LOCATION W N SECTION BOX:	/I TH	4 DEPTH OF WELL		ft.	
	N SECTION BOX		WELL'S STATIC WAT	ER LEVEL	ft.	
			WELL WAS USED AS:			
N, N	N   E		1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	Supply (10) Monitori	ing Well
w		E	3 Feedlot 4 Industrial	7 Lawn and Garden 8 Air Conditioning		
-	×					V
s'\	/S E		Was a chemical/bact If yes, mo/day/yr s	eriological sample s ample was submitted.	submitted to Departm	ent? YesNo 🔼 .
			1	ted: Yes No.		
	S					
5 TYPE OF	BLANK CASING U					
1 Steel ② PVC	3 RMP (SR) 4 ABS	6 Asbe	ight 7 Fiber estos-Cement 8 Concr	ete Tile	(specify below)	
Blank ca	asing diameter.	2	in. Was casing land surface Thus.	pulled? Yes. 💢	No If yes, ho	w much. 22.ff.
Casing	neight above or	r below	land surface Thus.	in.		
			cement 2 Cement gro			
Grout P	lug Intervals:	From	.22.ft. toOf	t., Fromft. t	toft., From.	toft.
What is	the nearest so		possible contamination		<u></u>	
1 Septic tank 6 Seepage pit 1 2 Sewer lines 7 Pit privy 1				11 Fuel storage 12 Fertilizer storage	) Other (غ مورک عود	specify below)
3 Wate	ertight sewer l	lines	8 Sewage lagoon	13 Insecticide stor	rage	
	eral lines s Pool		9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas wel		
Directi	on from well? .			How many feet?		
FROM	то	PLI	GGING MATERIALS			
22	0.5	ber	tonite			
0.5	Ð	rea	tonite t cement			
7 CONTRAC	TOR'S OR LANDO	WNER'S	CERTIFICATION: This wat	er well was plugged	under my jurisdiction	n and was completed
i on (mo/ Water W	day/year). つ. ell Contractor	's Lice	nse No	This Water Wel	L Record was complet	ed on (mo/day/year)
ه کرد by (sig	nature)	4//	under the business na	me or <i>p-U. 1.2</i>		201.003
INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle						

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.