KSA 82a-1212

	ON OF WATER	WELL:	Fragtion	Section Number	Township Number	Range Number	
County: Sedqwick WW14NE114NE14 // dil							
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: Andrea Roman							
RR#, St. Address, Box #: 2404 Wellington PL Board of Agriculture, Division of Water Resources City, State, ZIP Code: With K (07204 Application Number:							
1 1	ELL'S LOCAT IN SECTION N	ION WITH	4 DEPTH OF WELL WELL'S STATIC WATE	WELL'S STATIC WATER LEVEL. M. Aft. W/Soil-Capped			
			WELL WAS USED AS:	,	W/Ceme		
w	W X	N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Sup 6 Oil Field Water Clawn and Garden 8 Air Conditioning	Supply 10 Monitoring Only 11 Injection	Well Well	
Was a chemical/bacteriological sample submitted to Department? YesNo.							
	S		Water Well Disinfect	ted: Yes No.	<u>K.</u>		
5 TYPE OF BLANK CASING USED:							
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes No If yes, how much							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
2 Sei 3 Wa: 4 La:	ptic tank wer lines tertight se teral lines ss Pool	wer lines	7 Pit privy	11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water of 15 Oil well/Gas wel	age IEFMilis	ecify below)	
Direction from well? How many feet?							
FROM	то	PLI	UGGING MATERIALS	117.00	Casing w	A	
3'6"	3'	Neat	Cement	1	ded and R	^	
				Colap	^ .	2 some	
				soul	lout of	_	
				and	a - Filled	, ,	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
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.