		wind.					
1 LOCATIO	ON OF WATER	WELL:	Fraction NW SW NW SE	Section Number	Township Number	Range Number	
County: 5	EDGWI	ZK.	STU 1/4 ME 1/4 SU 1/4	34	T275	RIE	
Distance and direction from nearest town or city street address of well if located within city?  ZH SW LOCKER of ZIII5. Poplar Wichita KS 67211							
<u>Z</u>			ella Hunt	15. Poplar	Wichita	FS 6141	
	WELL OWNER:	7	1115 Poplar				
RR#, St. Address, Box #: City, State, ZIP Code: Wichita 67211 Soard of Agriculture, Division of Water Resources Application Number: When own							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.							
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS				
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	na	
N			2 Irrigation	6 Oil Field Water  Lawn and Garden	Supply 10 Monitorin	ng Well	
w			3 Feedlot E 4 Industrial	8 Air Conditioning			
	<sub>×</sub>						
	S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
s							
5 TYPE OF BLANK CASING USED:							
1 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 .1.12in. Was casing pulled? YesX No If yes, how much30.17							
Casing height above or below land surface30in.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From $72$ ft. to $2.5$ ft., From ft. toft., From toft.							
What is the nearest source of possible contamination:							
1 <u>Septic tan</u> k 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
	we <u>r lines</u> tertight so	ewer lines	• •	12 Fertilizer storage 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?							
			UGGING MATERIALS				
2.5	0	111	581				
22	2.5	Ber	nym, te				
			Tin, 100				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)7:24							
Water Well Contractor's License No. 10.7.6 This Water Well Record was completed on (mo/day/year)							
by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle							
the correc	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.						
ouzo-out. relephone. 703/230-3303. Send one to water wen Owner and retain one for your records.							