1	LOCATION OF WATER WELL:			Fraction	Section Number		Township Number	Range Number	
Co	County: Sedgwick			NE1/4 NW1/4 NW 1/4	E	22	T 278	RIE	
Distance and direction from nearest town or city street address of well if located within city?									
1900 E. Central, Wichita, KS.									
2 WATER WELLOWNER: Western Resources									
RR #, St. Address, Box #: POBOX 889 City, State, ZIP Code: Tooka, 168, Board of Agriculture, Division of Application Number:								S	
3		WELL'S LOCA	ATION WITH	4 DEPTH OF WELL	20	ft			
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL									
	X	Х		WELL WAS USED AS:					
	N	ı w 	N E	1 Domestic	5 Public W	ater Supp		•	
				2 Irrigation 3 Feedlot	6 Oil Field 7 Domestic			ring Well on Well	
w	-	 	- - E	4 Industrial	8 Air Condi		•	лі vveii	
		1		· ·					
S W S E Was a chemical / bacteriological sample submitted to Department? Yes							NO		
		S Water Well Disinfected: Yes No							
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									
	PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameterin. Was casing pulled? YesK No If yes, how muchin.									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other									
Ц	Grout Plug Intervals: From								
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specif							acify balow)		
2 Sewer lines				7 Pit privy	12 Fertiliz	_	• •		
3 Watertight sewer lines			ver lines	8 Sewage lagoon	13 Insecti		•		
	4 Lateral lines 5 Cess Pool			9 Feedyard 10 Livestock pens	14 Abande 15 Oil wel				
Direction from well?									
FROM TO PLUGGING MATERIALS Site ID Form Not Available									
				Sile	run	DEPL NOT 1400	criwie -		
	0 20 Ben			Sonite					
					····				
<u> </u>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was complet								and was completed	
on (mo/day/year) 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)									
by (signature)									
	by (sigr	nature)	Hen I A	und		- 			
IN	STRUC	TIONS: Use	typewriter or b	all point pen. <u>Please press f</u> i	rmly and print cle	early. Plea	ase fill in blanks, underlir	ne or circle the correct	
ar	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.								