

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>Sedgwick</i>	<i>NW 1/4 SE 1/4 NW 1/4</i>	<i>16</i>	<i>T 27 S</i>	<i>R 1 E</i>

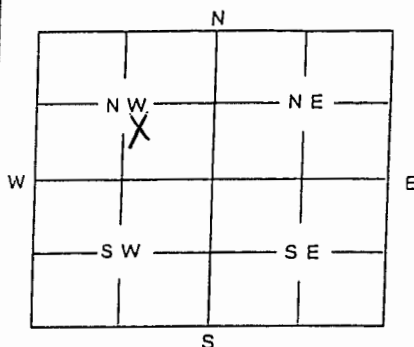
Distance and direction from nearest town or city street address of well if located within city?

*10.55 N Masley*2 WATER WELL OWNER: *House Oil Co.*RR #, St. Address, Box #: *1055 N. Masley*City, State, ZIP Code: *Wichita, Kansas*

Board of Agriculture, Division of Water Resources

Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

4 DEPTH OF WELL *29.5* ftWELL'S STATIC WATER LEVEL *15* ft.

WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn & Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring Well

11 Injection Well

12 Other

Was a chemical / bacteriological sample submitted to Department? Yes No ☒

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No ☒

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 *2* in. Was casing pulled? Yes No ☒ If yes, how much

Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 OtherGrout Plug Intervals: From *0* ft. to *29.5* ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

1 Septic tank

2 Sewer lines

3 Watertight sewer lines

4 Lateral lines

5 Cess Pool

6 Seepage pit

7 Pit privy

8 Sewage lagoon

9 Feedyard

10 Livestock pens

☒ 11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

14 Abandoned water well

15 Oil well/Gas well

16 Other (specify below)

Direction from well? *within facility* How many feet?

FROM	TO	PLUGGING MATERIALS
<i>0</i>	<i>14</i>	<i>Bentonite (8")</i>
<i>14</i>	<i>29.5</i>	<i>Bentonite (2")</i>

MW 7

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) *11/24/00* and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. *327* This Water Well Record was completed on (mo/day/year) *12/5/00* by (signature) *[Signature]* under the business name of *Greene Services, Inc.*

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.