			1		·	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County:SED6WICK			NW1/4NW1/4SW1/4	8	Tars	RIE
Distance and direction from nearest town or city street address of well if located within city?						
GARGO - 1533 N. Layne Wichita KS 6/603						
2 WATER WELL OWNER: A TO MAIS hall BOAT OF AGRICULTURE, Division of Water Resources BOAT OF AGRICULTURE, Division of Water Resources						
City, State, ZIP Code: Wichita, KS 67203 Application Number: Unknown						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL						
			WELL WAS USED AS:			
N W		_N E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	g
" "			2 Irrigation 3 Feedlot	6 Oil Field Water (Lawn and Garden	Supply 10 Monitorin	-
W			E 4 Industrial	8 Air Conditioning		
A						<i></i>
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 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						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. 10. ft. to2ft., From						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 13 Insecticide storage 14 Century						
	. •	wer lines	8 Sewage lagoon 9 Feedyard	13 Insecticide stor 14 Abandoned water	age ナイ well	eatmens
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? Worth How many feet? Z. inches.						
FROM	то		UGGING MATERIALS			
2	ð	(0)	ment			
10	2	B	nton ite			
		<u> </u>	1 11001			
20	10	Jan	-a bleach			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed						
on (mo/day/year)7						
by (signature) under the business name of Mt. 1.1.						
INSTRUCTIONS: Use typewriter of 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.						