

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																														
	County: <u>SEDGWICK</u>	<u>NE<sup>4</sup> NW<sup>4</sup> NE<sup>4</sup></u>	<u>29</u>	<u>27-S</u>	<u>1-E</u>																														
Distance and direction from nearest town or city street address of well if located within city? <u>803 South Wichita St. Wichita KS</u>																																			
2	WATER WELL OWNER: <u>JONES Moving &amp; Storage</u>																																		
	RR #, St. Address, Box #: <u>803 S. Wichita St</u>																																		
	City, State, ZIP Code: <u>Wichita KS 67213</u>																																		
Board of Agriculture, Division of Water Resources Application Number: _____																																			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																		
	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">             N  <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td>X</td></tr> <tr><td>NW</td><td></td><td>NE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>SW</td><td></td><td>SE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td></tr> </table> </div> <div>             WELL'S DEPTH OF WELL ..... <u>20</u> ..... ft              WELL'S STATIC WATER LEVEL ..... <u>14.5</u> ..... ft.              WELL WAS USED AS:  <table style="width: 100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td><input checked="" type="radio"/> 10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td><input checked="" type="radio"/> 8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table> </div> </div>							X	NW		NE				SW		SE				S			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<input checked="" type="radio"/> 10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	<input checked="" type="radio"/> 8 Air Conditioning	12 Other .....
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Was a chemical / bacteriological sample submitted to Department? Yes ..... No <u>—</u> .....																																			
If yes, mo/day/yr sample was submitted .....																																			
Water Well Disinfected: Yes ..... No <u>—</u> .....																																			
5	TYPE OF BLANK CASING USED:																																		
	1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below) <input checked="" type="radio"/> PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile																																		
Blank casing diameter ..... <u>2</u> ..... in.    Was casing pulled? Yes <u>—</u> ..... No .....    If yes, how much ..... <u>10</u> .....																																			
Casing height above or below land surface ..... <u>0</u> ..... in.																																			
6	GROUT PLUG MATERIAL:    1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input checked="" type="radio"/> 3 Bentonite    4 Other .....																																		
Grout Plug Intervals:    From <u>1</u> ..... ft. to <u>0</u> ..... ft.,    From <u>20</u> ..... ft. to <u>1</u> ..... ft.,    From ..... to ..... ft.																																			
What is the nearest source of possible contamination:																																			
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Direction from well? <u>East</u> .....    How many feet? <u>35'</u> .....																																			
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>2-21-91</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>575</u> ..... This Water Well Record was completed on (mo/day/year) <u>3-8-91</u> ..... under the business name of <u>FUNKER DRILLING SERVICE INC.</u> by (signature) <u>[Signature]</u>																																		
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.																																			