

MW-11

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
County: <u>Sedgwick</u>	<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>21</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>427 S. Washington, Wichita, KS.</u> <u>EAST</u>																															
2 WATER WELL OWNER: <u>Cain's Coffee</u>																															
RR#, St. Address, Box #: <u>427 S. Washington</u> Board of Agriculture, Division of Water Resources City, State, ZIP Code: <u>Wichita, KS. 67202</u> Application Number:																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height:100px; text-align: center; border-collapse: collapse;"><tr><td colspan="2">N W</td><td colspan="2">N E</td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td colspan="2">S W</td><td colspan="2">S E</td></tr></table> S		N W		N E		W			E	S W		S E		4 DEPTH OF WELL..... <u>22</u>ft. WELL'S STATIC WATER LEVEL..... <u>15.1</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>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes... <u>No</u> ... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... <u>No</u>			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....			
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter..... <u>2</u>in. Was casing pulled? <u>Yes</u> No..... If yes, how much..... Casing height above or <u>below</u> land surface.....in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other..... Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? How many feet?					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well								
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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>3-12-01</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>654</u> This Water Well Record was completed on (mo/day/year)..... <u>4-27-01</u> under the business name of <u>Thornburg Contract Drilling</u> by (signature) <u>David S. Thornburg</u>																															
INSTRUCTIONS: Use typewriter or ball point pen. Please <u>press</u> firmly and <u>print</u> 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.																															