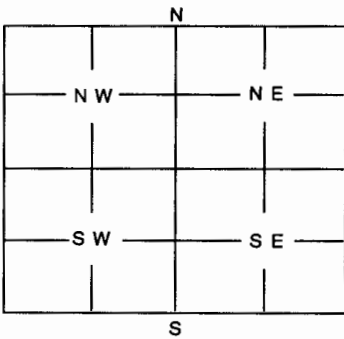


1 LOCATION OF WATER WELL: County: <u>Sedgewick</u>	Fraction <u>NE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>8</u>	Township Number <u>27S</u>	Range Number <u>1E</u>
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Distance and direction from nearest town or city street address of well if located within city?

2 WATER WELL OWNER: RR #, St. Address, Box #: <u>1400 North Market</u> City, State, ZIP Code: <u>Wichita KS</u>	<u>Arnold (owner)</u> Board of Agriculture, Division of Water Resources Application Number:
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  <div style="text-align: center;">  </div>	4 DEPTH OF WELL <u>18</u> ft WELL'S STATIC WATER LEVEL _____ 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><u>10</u> 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>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table> <p>Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____          If yes, mo/day/yr sample was submitted _____</p> <p>Water Well Disinfected: Yes _____ No <u>X</u> _____</p>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	<u>10</u> Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
1 Domestic	5 Public Water Supply	9 Dewatering											
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4 Industrial	8 Air Conditioning	12 Other _____											

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)
<u>2</u> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter 2 in. Was casing pulled? Yes X No \_\_\_\_\_ If yes, how much 18 ft  
 Casing height above or below land surface FLUSH in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals: From 18 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<u>11</u> 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	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	PLUGGING MATERIALS
<u>18</u>	<u>0</u>	<u>Bentonite chips</u>

mw-11

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction 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. 568 This Water Well Record was completed on (mo/day/year) \_\_\_\_\_

by (signature) David Smith under the business name of Max's

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.