

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction SE NE NW NE 1/4 1/4 1/4 1/4	Section Number 22	Township Number T27S	Range Number R1E																																									
Distance and direction from nearest town or city street address of well if located within city? pump room - exterior 417 N. Volutsia																																													
2 WATER WELL OWNER: RR#, St. Address, Box #: City, State, ZIP Code : Mary Wilson 417 N. Volutsia Wichita KS																																													
Board of Agriculture, Division of Water Resources Application Number: Unknown																																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL..... 24ft. WELL'S STATIC WATER LEVEL.. 10ft. WELL WAS USED AS:																																											
<table border="1" style="width:100%; text-align: center;"> <tr><td></td><td></td><td></td><td>X</td></tr> <tr><td>N</td><td>W</td><td></td><td>N</td><td>E</td></tr> <tr><td>W</td><td></td><td></td><td></td><td>E</td></tr> <tr><td>S</td><td>W</td><td></td><td>S</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>					X	N	W		N	E	W				E	S	W		S	E											<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>			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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Was a chemical/bacteriological sample submitted to Department? Yes....No.. X . If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.. X .. No.....																																													
5 TYPE OF BLANK CASING USED:																																													
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Blank casing diameter.. 2 1/2 in. Was casing pulled? Yes..... No.. X If yes, how much..... Casing height above or below land surface..... 0in.																																													
6 GROUT PLUG MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other.....																																													
Grout Plug Intervals: From.. 14 ft. to.. 2 ft., From.. 2 ft. to.. 0 ft., From..... to.....ft.																																													
What is the nearest source of possible contamination:																																													
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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).. 7-1-28-1961 .. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 620 This Water Well Record was completed on (mo/day/year) .. 7-1-28-1961 .. under the business name of James P. R. S. by (signature) <i>[Signature]</i>																																													
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.																																													