1 LOCATION OF WATER WELL:			Fraction		Section	n Number	Township	Number	Range Number	
County: SEDGWICK			M	NW45W45W4		32		175	RIE	
Distance and direction from nearest town or city street address of well if located within city?										
2 WATER WELLOWNER: Kelly McPherson										
2 WATER	WELL OWNER	₹:	Kell.	s. Walnut						
	RR #, St. Address, Box #: City, State, ZIP Code : Wich: Ha, KS 67Z 13 Board of Agriculture, Division of Water Resources Application Number: When we want									
t i	WELL'S LOCATION I		4	DEPTH OF WELL						
	N			WELL'S STATIC WATER	R LEVEL					
		:		WELL WAS USED AS:						
N	w —	– N E ——		1 Domestic		Public Water Supp	-	9 Dewat	=	
				2 Irrigation 3 Feedlot		Dil Field Water Sup Omestic (Lawn &			oring Well on Well	
w			E	4 Industrial		Air Conditioning		•		
s s	'w	S E		/as a chemical / bacter				nent?Yes	No <u>///</u>	
 *				yes, mo/day/yr samp						
	S S		w	Vater Well Disinfected:	Yes	. No				
5 TYPE OF BLANK CASING USED:										
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)										
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile										
Casing	height above	or below la	ınd surf	ace4.8	in.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
Grout Plug Intervals: From										
What is the nearest source of possible contamination:						5 .1 .4	<u></u>	5 Oth (
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy		Fuel storage Fertilizer storage	e d	WK.IIu	ecify below)	
8 Watertight sewer lines				8 Sewage lagoon	13	Insecticide stora	ıge			
4 Lateral lines 5 Cess Pool			9 Feedyard 10 Livestock pens		Abandoned wate Oil well/Gas well					
Direction from well?										
FROM TO F			PLUGGING MATERIALS							
			opsoil ntonite							
25	10	Sin	-1	Bleach						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed										
on (mo/day/year)										
by (signature) under the pusiness name of UMEnter and ses										
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> 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.										