

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: <u>SEBASTIAN</u>	<u>SE 1/4 NW 1/4 SW 1/4</u>	<u>71</u>	<u>7N</u>	<u>1E</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>745 S. ROCK ISLAND ST., WICHITA, KS.</u>																													
2	WATER WELL OWNER: <u>CITY OF WICHITA</u>																												
RR #, St. Address, Box #: City, State, ZIP Code :			Board of Agriculture, Division of Water Resources Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF WELL <u>74.5</u> ft																										
<div style="text-align:center">N W E S E S</div>			WELL'S STATIC WATER LEVEL <u>15.57</u> ft.																										
			WELL WAS USED AS:																										
			<table border="0"><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 Domestic (Lawn & Garden)</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 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other												
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Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/>																													
If yes, mo/day/yr sample was submitted			Water Well Disinfected: Yes No <input checked="" type="checkbox"/>																										
5	TYPE OF BLANK CASING USED:																												
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Blank casing diameter <u>7.375</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much																													
Casing height above or below land surface <u>N/A</u> in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <u>SOILS</u>																												
Grout Plug Intervals: From <u>74.5</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> ft., From to ft.																													
What is the nearest source of possible contamination:																													
<table border="0"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage (FORMER)</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>						1 Septic tank	6 Seepage pit	11 Fuel storage (FORMER)	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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Direction from well? <u>NORTH</u> How many feet? <u>105</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>12/29/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1407</u> This Water Well Record was completed on (mo/day/year) <u>12/29/02</u> under the business name of <u>QUAD STATE SERVICES, 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.																													