

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: <u>SENECA</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 #:				Board of Agriculture, Division of Water Resources																															
City, State, ZIP Code : <u>1400 E. 4TH ST., WICHITA, KS. 67214</u>				Application Number:																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>20-00</u> ft.																															
<div style="text-align:center">N</div> <table border="1" style="width:100%"><tr><td></td><td></td><td></td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td></td><td></td><td></td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td></td><td></td><td></td></tr><tr><td colspan="3" style="text-align:center">S</td></tr></table> <div style="text-align:center">W</div>						NW		NE				SW		SE				S			WELL'S STATIC WATER LEVEL <u>(16-00)</u> ft.														
			NW		NE																														
SW		SE																																	
S																																			
WELL WAS USED AS:					<u>CASING WAS BLOCKED @ 16'</u>																														
1 Domestic					5 Public Water Supply																														
2 Irrigation					6 Oil Field Water Supply																														
3 Feedlot					7 Domestic (Lawn & Garden)																														
4 Industrial					8 Air Conditioning																														
					9 Dewatering																														
					10 Monitoring Well																														
					11 Injection Well																														
					12 Other																														
Was a chemical / bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																			
If yes, mo/day/yr sample was submitted																																			
Water Well Disinfected: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																																			
5	TYPE OF BLANK CASING USED:																																		
1 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)																																			
2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile																																			
Blank casing diameter <u>7.375</u> in.    Was casing pulled? Yes <input type="checkbox"/> 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>20</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:																																			
1 Septic tank    6 Seepage pit    11 Fuel storage (FURNACE)    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? <u>NORTHEAST</u> How many feet? <u>160</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>11/25/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>11242</u> This Water Well Record was completed on (mo/day/year) <u>11/25/02</u> under the business name of <u>QUAK 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.																																			