1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	5W1/4 SW1/4NE1/4	7	Tais	RIE
Distance and direction from nearest town or city street address of well if located within city? Wichita K5				
2 WATER WELLOWNER: ALTA WHITESELL				
1805 W. 1875 ST. Roard of Agriculture, Division of Water Resources				
City, State, ZIP Code: WECHITA, KS 67203 Application Number: Unknown				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	•		
N	WELL'S STATIC WATER	R LEVEL		
	WELL WAS USED AS:			
N W N E	1 Domestic	5 Public Water Supp	-	•
🗶	2 Irrigation 3 Feedlot	6 Oil Field Water Su Domestic (Lawn &		oring Well on Well
W E	4 Industrial	8 Air Conditioning	12 Other	
	—SW ——SE —— Was a chemical / bacteriological sample submitted to Department?Yes			
Water Well Disinfected: YesX No				
S	Water Well Distillected.	165 /. NO		
5 TYPE OF BLANK CASING USED:				
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				
Casing height above or below land surface in.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement group Bentonite 4 Other				
Grout Plug Intervals: From				
What is the nearest source of possit 1 Septic tank	ble contamination: 6 Seepage pit	11 Fuel storage	15 Other (en	ecify helow)
2 Sewer lines	7 Pit privy	12 Fertilizer storage	e .	ecify below)
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide stora 14 Abandoned wate	-	imeni
5 Cess Pool	10 Livestock pens	15 Oil well/Gas well		
Direction from well? N'RTH How many feet? 2 ft				
FROM TO PLUG	GGING MATERIALS			
4 0 Leme	nt			
10 4 Bentonite				
22 10 Sand	/bleach			
	•			
	* * ***			
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				
Water Well Contractor's License No. 6.2.8 This Water Well Record was completed on (mo/day/year) under the posiness name of JM6 7 CD1569				
by (signature)				
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.				