

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: SEDGWICK	NW 1/4 NW 1/4 NW 1/4	8	T27S	R1E																											
Distance and direction from nearest town or city street address of well if located within city? NE Corner of basement - 2102 N. Hood, Wichita, KS 67203																																
2	WATER WELL OWNER: Violet Smith Trust 2028 Silver Lake Rd RR #, St. Address, Box #: Bartlesville, OK 74006 City, State, ZIP Code :																															
Board of Agriculture, Division of Water Resources Application Number: UNKNOWN																																
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>		4 DEPTH OF WELL 22 ft. WELL'S STATIC WATER LEVEL 11 ft. WELL WAS USED AS: <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 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 X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X No																																
5	TYPE OF BLANK CASING USED: <input checked="" type="checkbox"/> 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 1 3/4 in. Was casing pulled? Yes No X If yes, how much Casing height above or below land surface 0 in.																															
6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 7 ft. to 0 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td><input checked="" type="checkbox"/> 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> Direction from well? South How many feet? 3 ft					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	<input checked="" type="checkbox"/> 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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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/11/02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6281 This Water Well Record was completed on (mo/day/year) 5/11/02 under the business name of JME Enterprises 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.																																