1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	ounty: SEDGWICK	NE 1/45W 1/4NE 1/4	18	Ta7S	RIE	
Distance and direction from nearest town or city street address of well if located within city? Dackyard -5 H from SW/Lorner of 1109 Woodrow, Wichita KS						
2 WATER WELL OWNER: James Bennett 210 W. 6+ 5t. Ste 1401						
Ci	City, State, ZIP Code: Tt. Worth, X 76101 Application Number: Unknown					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N DEPTH OF WELL						
u	N W # X E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden G 8 Air Conditioning	Supply 10 Monitoring	Well Well	
	Was a chemical/bacteriological sample submitted to Department? YesNo.X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No.X				:? YesNo.★	
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 D					
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
_	Grout Plug Intervals: From3ft. toft., Fromft. toft., From toft.					
	1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ige Cist	·ea	
Direction from well? How many feet?						
	FROM TO PLU	JGGING MATERIALS				
_	2 0 TOP	soil				
_	3 2 Bur	itonite				
_	12 3 San	_d				
7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
15	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.						