			•		
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Calawak	SESW SENE	7	77	1 E	
county: Sedywick	1/4 1/4 1/4	/	Ø /	<u> </u>	
Distance and direction from r			located within city?		
2 WATER WELL OWNER: LOV	me ausen-oim	anth!			
RR#, St. Address, Box #: City, State, ZIP Code :	rie Hansen-Dim 14 Litchfield Vichita, KS 67203				
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL.	Sandpoint ?	ft. 10 t und in.	Several year	
AN "X" IN SECTION BOX:		ATER LEVEL			
	WELL WAS USED AS	6:			
N'WN'E	1 Domestic	in the second of			
	2 Irrigation 3 Feedlot		6 Oil Field Water Supply 10 Monitoring Well 7 Lawn and Garden Onl 11 Injection Well		
U U	E 4 Industrial	8 Air Conditioning			
		_			
S W————————————————————————————————————	Was a chemical/bac	cteriological sample s	ubmitted to Departmen	nt? YesNo.	
3,00	If yes, mo/day/yr	sample was submitted.	•••••	A	
	Hotor Hell Diginfo	ected: Yes No.	X		
S	water wett bisinie	ected: res No.	· • •		
E TYPE OF BLANK GACING HISER			N. Carlotte		
TYPE OF BLANK CASING USED:	:				
		erglass 9 ther crete Tile	(specify below)		
Blank casing diameter Casing height above or bel		pulled? Yes	No If yes, how	much	
6 GROUT PLUG MATERIAL: 1)	eat cement 2 Cement gr	out 3 Bentonite	4 Other		
	•		ć		
Grout Plug Intervals: F	Fromft. tof	rt., Fromft. t	oft., From	tott.	
What is the nearest source	e of possible contaminati	on:			
1 Cantin tank	4 Seemage mit	11 Fuel storage	16 Other (cr	pecify below)	
1 Septic tank	6 Seepage pit 7 Pit privy	12 Fertilizer stora		ecity below)	
3 Watertight sewer lines	s 8 Sewage lagoon	13 Insecticide stor	age		
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas wel		a • •	
5 Cess Pool	TO LIVESTOCK Pens	13 Oft Wett/das wet	+ C -	Lucia	
Direction from well?		How many feet?	pot Sure -	9 40 W	
FROM TO	PLUGGING MATERIALS	10 1.	Lance of		
		Under	found.		
)		
on (mo/day/year).	'S CERTIFICATION:This wat	ter well was plugged u	nder my jurisdiction st of my knowledge ar	and was completed of balief Kansas	
Water Well Contractor's L	igense No	This Water Well	Record was completed	d on (mo/day/year)	
	under the business na				
by (signature)	with the same	THE WATER			
INSTRUCTIONS: Use typewriter	or hall noint non. Please n	ress firmly and print clea	rly Please fill in blanks	underline or circle	
the correct answers. Send top th	ree copies to Kansas Depar	tment of Health and Env	ironment, Bureau of Wa	ter, Topeka, Kansas	
66620-0001. Telephone: 785/29	96-3565. Send one to Water	Well Owner and retain	one for your records.		
1					