

1	LOCATION OF WATER WELL:	Fraction NE SE SE NE NW 1/4 1/4 1/4	Section 18	Number	Township 27	Number	Range 1E	Number E/W
County: SEDGWICK								

Distance and direction from nearest town or city, street address of well if located within city?

1210 AMIDON AVE

2	WATER WELL OWNER:	BILL HAYNES	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #:		1210 AMIDON AVE	Application Number:
City, State, ZIP Code :		WICHITA KS 67203	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 24' ft.										
		WELL'S STATIC WATER LEVEL 8' ft.											
		WELL WAS USED AS:											
		<table border="0"> <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 <u>Domestic (Lawn & Garden)</u></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 <u>Domestic (Lawn & Garden)</u>	11 Injection Well	4 Industrial
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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="radio"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="radio"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter 1 1/4" in. Was casing pulled? Yes No X If yes, how much	
Casing height above or below land surface 7' BELOW in. (THE WELL WAS LOCATED IN THE BASEMENT)	

6	GROUT PLUG MATERIAL:	<input checked="" type="radio"/> Neat cement 2 Cement grout 3 Bentonite 4 Other																		
Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. to ft.																				
What is the nearest source of possible contamination:																				
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Direction from well? PERIMETER OF BUILT How many feet? 4'																				

FROM	TO	PLUGGING MATERIALS
24	0	NEAT CEMENT

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11-23-02 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 11-23-02 under the business name of N/A by (signature) Bill Haynes
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.