

NE SE NW NE

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction <div style="display: flex; justify-content: space-around;"> SW 1/4 NE 1/4 NE 1/4 </div>	Section Number 18	Township Number 27S	Range Number 1E
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Distance and direction from nearest town or city street address of well if located within city?
75' WEST OF CURB - NORTH SIDE OF RESIDENCE

2 WATER WELL OWNER: ROSS & JUDY HOLLANDER 1239 N RIVER BLVD. RR#, St. Address, Box #: City, State, ZIP Code : WICHITA, KS 67203	Board of Agriculture, Division of Water Resources Application Number: N/A
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse;"> <tr><td style="width:25%; text-align: center;">N W</td><td style="width:25%; text-align: center;">N E</td></tr> <tr><td style="width:25%; text-align: center;">S W</td><td style="width:25%; text-align: center;">S E</td></tr> </table> <div style="text-align: center;">S</div>	N W	N E	S W	S E	4 DEPTH OF WELL.....UNK.....ft. WELL'S STATIC WATER LEVEL.....20.....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply ⑦ Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div> <p>Was a chemical/bacteriological sample submitted to Department? Yes....No.✓ If yes, mo/day/yr sample was submitted.....</p> <p>Water Well Disinfected: Yes.✓..... No.....</p>
N W	N E				
S W	S E				

5 TYPE OF BLANK CASING USED:

① Steel
 2 PVC

3 RMP (SR)
 4 ABS

5 Wrought
 6 Asbestos-Cement

7 Fiberglass
 8 Concrete Tile

9 Other (specify below)

Blank casing diameter.....in. Was casing pulled? Yes..... No. X If yes, how much.....
 Casing height above or below land surface...36.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement ② Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From 0...ft. to 3...ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

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
 10 Livestock pens

11 Fuel storage
 12 Fertilizer storage
 13 Insecticide storage
 14 Abandoned water well
 15 Oil well/Gas well

16 Other (specify below)

Direction from well? **WEST** How many feet? **30'**

FROM	TO	PLUGGING MATERIALS
0'	3'	CEMENT GROUT
3'	20'	SUBSOIL
20'	UNK	PEA GRAVEL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). **DEC. 11, 2002** 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) **JANUARY 6, 2003** under the business name of **N/A**
 by (signature) *[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: 913/296-3565. Send one to Water Well Owner and retain one for your records.