

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	SEDGWICK	SE 1/4 SW 1/4 NW 1/4	7	T 27 S	R 1 E E/W

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

basement - middle of the basement 2232 westport Wichita KS 67203

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #:	Application Number:
	City, State, ZIP Code :	
	Estate of Lois Whitehead	Unknown
	2232 Westport	
	Wichita, KS 67203	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 30 ..... ft.																										
	<div style="text-align: center;">N</div> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <div style="text-align: center;">S</div>				NW		NE	X			SW		SE				WELL'S STATIC WATER LEVEL ..... 18 ..... 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><del>7 Domestic (Lawn &amp; Garden)</del></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	<del>7 Domestic (Lawn &amp; Garden)</del>	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other .....
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		Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, mo/day/yr sample was submitted .....  Water Well Disinfected: Yes <input checked="" type="checkbox"/> ..... No .....																											

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 ..... 6 ..... in.      Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much ..... Casing height above or below land surface ..... 0 ..... in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other .....
	GROUT PLUG INTERVALS:	From ..... 30 ..... ft.	to ..... 0 ..... ft.	From ..... ft.	to ..... ft.
	What is the nearest source of possible contamination:				
	1 Septic tank      6 Seepage pit      11 Fuel storage 2 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	16 Other (specify below) SUMP PUMP			
	Direction from well? EAST      How many feet? 6 ft				

FROM	TO	PLUGGING MATERIALS
11	0	Cement
30	11	Bentonite / bleach

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5/20/03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 628 This Water Well Record was completed on (mo/day/year) 5/20/03 under the business name of JMC Enterprises
	by (signature) <i>[Signature]</i>

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.