

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>SENGWICK</u>	<u>SE 1/4 NE 1/4 NW 1/4</u>	<u>9</u>	<u>27</u>	<u>1E</u>

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

150' E AND 30' N OF CENTERLINE OF MASLEY AND 19th STREETS, WICHITA, KS.

2	WATER WELL OWNER: <u>SECURITY OIL</u>
RR #, St. Address, Box #:	<u>P.O. BOX 48220</u>
City, State, ZIP Code	<u>WICHITA, KANSAS 67201-8220</u>
Board of Agriculture, Division of Water Resources	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>35</u> ft												
		WELL'S STATIC WATER LEVEL <u>NA</u> 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 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other <u>RECOVERY WELL</u></td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other <u>RECOVERY WELL</u>
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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 No <input checked="" type="checkbox"/>															

5	TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>② PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	② PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter <u>6</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> If yes, how much											
Casing height above or below land surface <u>0</u> in.											

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	③ Bentonite	④ Other <u>SAND/NATIVE SOIL</u>																				
Grout Plug Intervals: From <u>5</u> ft. to <u>25</u> ft., From <u>25</u> ft. to <u>35</u> ft., From <u>0</u> to <u>5</u> ft.																									
What is the nearest source of possible contamination:																									
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Direction from well? <u>NA</u> How many feet? <u>NA</u>																									

FROM	TO	PLUGGING MATERIALS
<u>0'</u>	<u>5'</u>	<u>NATIVE SOIL</u>
<u>5'</u>	<u>25'</u>	<u>BENTONITE</u>
<u>25'</u>	<u>35'</u>	<u>SAND</u>

RW2

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/2/03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>527</u> This Water Well Record was completed on (mo/day/year) <u>5/30/03</u> under the business name of <u>GEORGE INC.</u>
by (signature) <u>Dale KAP</u>	

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.