

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>SEDGWICK</u>	<u>SE 1/4 NW 1/4 SE 1/4</u>	<u>19</u>		<u>27S</u>		<u>1E</u>	<u>(E/W)</u>

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

interior (south side of basement) 253 N. St. Clair, Wichita KS

2	WATER WELL OWNER: <u>Joyce Hurtig</u> <u>253 N. St. Clair</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>Wichita KS 67203</u>	Application Number: <u>Unknown</u>

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>20</u> ft. WELL'S STATIC WATER LEVEL <u>13</u> 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 <u>7 Domestic (Lawn & Garden)</u> 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div>
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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:
	<div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div>

Blank casing diameter 1 1/4 in. Was casing pulled? Yes X No If yes, how much 10 ft

Casing height above or below land surface 120 in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other
	Grout Plug Intervals: From <u>20</u> ft. to <u>0</u> ft., From ft. to ft., From ft. 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? East How many feet? 6 ft

FROM	TO	PLUGGING MATERIALS
<u>20</u>	<u>0</u>	<u>Cement / bleach</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7/9/03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>928</u> This Water Well Record was completed on (mo/day/year) <u>7/10/03</u> under the business name of <u>TM Enterprises</u> by (signature) <u>[Signature]</u>
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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.