KSA 82a-1212

LOCATION	OF WATER WELL.	Freetien	Section Number	Township	Number	Range Number
□	OF WATER WELL:	Fraction	_		S	Hange Number
County: JEDG WICK NEW NEW 1887 1887 21 3						
Distance and direction from nearest town or city street address of well if located within city? 921 E. Harry Wichita KS						
2 WATER WELLOWNER: Quick Trip Corporation RR #, St. Address, Box #: QT = 373 Board of Agriculture, Division of Water Resources						
RR #, St. Address, Box #: RT = 373 Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : P. O Box 3475 Th (54 DK 74101 Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
	LL'S LOCATION WITH SECTION BOX:	<u></u>	_			
	N	WELL'S STATIC WATER	LEVEL ft.			
	x	WELL WAS USED AS:				
n w	N E	1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su	•	9 Dewate	•
w L		3 Feedlot	7 Domestic (Lawn &		11 Injectio	n Well
		4 Industrial	8 Air Conditioning			. /
S W S E Was a chemical / bacteriological sample submitted to Department? Yes						
		Water Well Disinfected:	Yes No			
	S					
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						
Casing height above or below land surface						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other						
Grout Plug Intervals: From						
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit Fuel storage 16 Other (specify below)						
2 Sewer	r lines tight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide stora	e	• •	
4 Lateral lines 5 Cess Pool		9 Feedyard	14 Abandoned water	er well		
Direction from well?						
FROM		GGING MATERIALS				
15.5	1 Bluton	nite				
	O' Comen	+				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)						
by (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: 785/296-3565. Send one to Water Well Owner and retain one for your records.						