

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: SEDGWICK	SE 1/4 SW 1/4 SE 1/4	7	T27S	K1 (E/W)

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

northeast corner of basement - 1445 Woodrow, Wichita KS

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #:	Application Number:
	City, State, ZIP Code :	
	ANNA BEARTH 1920 Selina Wichita KS 67203	Unknown

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 28 ft.												
			WELL'S STATIC WATER LEVEL 8 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</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
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4 Industrial	8 Air Conditioning	12 Other													
			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:			
	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC	<input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS	<input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile
	9 Other (Specify below)			
	Blank casing diameter 1 1/4 in.	Was casing pulled? Yes	No	If yes, how much 2 ft
	Casing height above or below land surface 24 in.			

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
	Grout Plug Intervals:	From 8 ft.	to 0 ft.,	From ft.	to ft., 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) well was abandoned	
	Direction from well?		How many feet?		

FROM	TO	PLUGGING MATERIALS
8	0	Cement
28	8	sand / bleach

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4/23/04 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) 4/23/04 under the business name of Interp-ris by (signature) [Signature]
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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.