

*Termit*

1	LOCATION OF WATER WELL:	Fraction SW SW NW SE ¼ ¼ ¼	Section Number 18	Township Number 27S	Range Number 1 EAST E
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County: *Sedgwick*

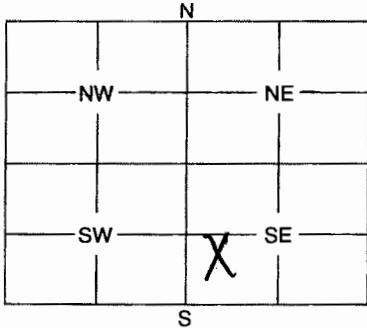
Distance and direction from nearest town or city street address of well if located within city?

*Murdoch & Parry*

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources Application Number:
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RR #, St. Address, Box #:  
City, State, ZIP Code :

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 23 ..... ft. WELL'S STATIC WATER LEVEL ..... 12 ..... ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic  <u>2 Irrigation</u>  3 Feedlot  4 Industrial </div> <div> 5 Public Water Supply  6 Oil Field Water Supply  <u>7 Domestic (Lawn &amp; 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 ..... No X.....

5	TYPE OF BLANK CASING USED:
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- ☒ 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 1.25 in. Was casing pulled? Yes ..... No X..... If yes, how much .....  
Casing height above or below land surface Level Basement in.

6	GROUT PLUG MATERIAL:	<input checked="" type="radio"/> 1 Neat cement <input type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other .....
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Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... to .....

What is the nearest source of possible contamination:

- |                          |                   |                         |                          |
|--------------------------|-------------------|-------------------------|--------------------------|
| 1 Septic tank            | 6 Seepage pit     | 11 Fuel storage         | 16 Other (specify below) |
| 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    |                          |

Direction from well? ..... How many feet? .....

*Appeal FOR  
Termite  
Treatment.*

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-1-2004</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>  </u> This Water Well Record was completed on (mo/day/year) <u>  </u> by (signature) <u>J. Smith</u> the business name of <u>Desimeter Pest Control</u>
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RECEIVED

AUG 24 2004

BUREAU OF WATER