1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County: SEDGWICK		5 hi/ 5 hi 1/4 5 hi/4	26	27	16	
Distance and direction from nearest town or city street address of well if located within city?						
QT369 3216 E. Harry Wichita						
2 WATER WELLOWNER: Quil Top						
	RR #, St. Address, Box #: Tu/54 O/L City, State, ZIP Code :			Board of Agriculture, Division of Water Resources Application Number:		
1 1	VELL'S LOCATION WITH IN SECTION BOX:	4 DEPTH OF WELL	40 ft			
	N	WELL'S STATIC WATER LEVEL				
		WELL WAS USED AS:				
	N = N E	1 Domestic	5 Public Water Supp	ly9 Dewat	erina	
		2 Irrigation	6 Oil Field Water Su 7 Domestic (Lawn &	pply 10 Monito	ring Well	
w	E	3 Feedlot 4 Industrial	8 Air Conditioning		on Well	
Was a chamical / hasterialogical sample submitted to Department2Ves					No.	
S W S E Was a chemical / bacteriological sample submitted to Department? res						
Water Well Disinfected: Yes No						
	S					
5 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						
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Sei	wer lines	7 Pit privy	12 Fertilizer storage	e		
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide stora14 Abandoned wate	•		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM TO PLUG		IGGING MATERIALS				
0 1 Topse		: 1				
1 40 Cent		*				
	70 000					
				*		
			··	c	5 10 B 6 200 A	
				i.	MEP 2 2 2004	
				From Sand Con	SAU OF WATER	
7 CONTRACTOR'S OR ANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No. Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 1124 102 Index the business name of License Associates						
by (signature)						
INSTRUCTIONS: Use typewriter of ball point pen. <u>Please press firmly</u> and <u>print</u> 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.						