

1	LOCATION OF WATER WELL:	Fraction SW NW SE SW 1/4 1/4 1/4	Section Number 31	Township Number 27	Range Number 1 East E/W																											
County: Sedgwick																																
Distance and direction from nearest town or city street address of well if located within city?																																
2	WATER WELL OWNER: KRISTYNA K. WILLIAMS / DIANE L. Zeller																															
RR #, St. Address, Box #: 2231 S. BONN			Board of Agriculture, Division of Water Resources																													
City, State, ZIP Code: WICHITA, KS 67213			Application Number:																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																															
		DEPTH OF WELL 27' 9" ft. WELL'S STATIC WATER LEVEL 7' 7" ft. WELL WAS USED AS:																														
		<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1 Domestic</td> <td style="width:33%;">5 Public Water Supply</td> <td style="width:33%;">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 ... NOT USED BY US</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 ... NOT USED BY US															
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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:																															
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Blank casing diameter 6 in. Was casing pulled? Yes No X If yes, how much																																
Casing height above or below land surface 3 ft. in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other SAND MIX																															
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																																
What is the nearest source of possible contamination:																																
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Direction from well? How many feet?																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:75%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>27' 9"</td> <td>0</td> <td>SAND : PORTLAND MIX</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	27' 9"	0	SAND : PORTLAND MIX																					
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 07-06-04 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) under the business name of by (signature) Kristyna Williams / Diane L. Zeller																															
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.																																