

<b>1</b>	<b>LOCATION OF WATER WELL:</b>	<b>Fraction</b> SW NW SE SW ¼ ¼ ¼	<b>Section</b>	<b>Number</b>	<b>Township</b>	<b>Number</b>	<b>Range</b>	<b>Number</b>																										
	County: <b>SEDGWICK</b>			<b>31</b>		<b>27</b>	<b>1 EAST</b>	E/W																										
Distance and direction from nearest town or city street address of well if located within city?																																		
<b>2</b>	<b>WATER WELL OWNER:</b> <b>KRISTYNA K. WILLIAMS/DIANE L. ZELLER</b>																																	
	RR #, St. Address, Box #: <b>2231 S. BONN</b>		Board of Agriculture, Division of Water Resources																															
	City, State, ZIP Code: <b>WICHITA, KS 67213</b>		Application Number:																															
<b>3</b>	<b>MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4</b>	<b>DEPTH OF WELL</b> ..... <b>22</b> ..... ft.																														
<div style="text-align: center;">N NW NE W E SW SE S</div> <div style="text-align: center;">X SAND BWT</div>			<b>WELL'S STATIC WATER LEVEL</b> ..... <b>dry</b> ..... ft.																															
			<b>WELL WAS USED AS:</b>																															
			<div style="display: flex; justify-content: space-between;"><div>1 Domestic 2 Irrigation 3 Feedlot 4 Industrial</div><div>5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn &amp; Garden) 8 Air Conditioning</div><div>9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other <b>NOT USED BY US</b></div></div>																															
			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <b>X</b> ..... If yes, mo/day/yr sample was submitted .....																															
			Water Well Disinfected: Yes <b>X</b> ..... No .....																															
<b>5</b>	<b>TYPE OF BLANK CASING USED:</b>																																	
	<div style="display: flex; justify-content: space-between;"><div>1 Steel 2 PVC</div><div>3 RMP (SR) 4 ABS</div><div>5 Wrought 6 Asbestos-Cement</div><div>7 Fiberglass 8 Concrete Tile</div><div>9 Other (Specify below) <b>GALV. 2" PIPE</b></div></div>																																	
Blank casing diameter ..... <b>2</b> ..... in.																																		
Casing height above or below land surface ..... <b>EVEN</b> ..... in.																																		
Was casing pulled? Yes ..... No <b>X</b> ..... If yes, how much .....																																		
<b>6</b>	<b>GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other <b>SAND MIX</b>																																	
Grout Plug Intervals: From ..... ft. to ..... ft., From ..... ft. to ..... ft., From ..... to ..... ft.																																		
What is the nearest source of possible contamination:																																		
<div style="display: flex; justify-content: space-between;"><div>1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool</div><div>6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens</div><div>11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well</div><div>16 Other (specify below) <b>TERMITE TREATMENT</b></div></div>																																		
Direction from well? ..... How many feet? .....																																		
<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:10%;">FROM</th><th style="width:10%;">TO</th><th style="width:80%;">PLUGGING MATERIALS</th></tr></thead><tbody><tr><td style="text-align: center;"><b>22'</b></td><td style="text-align: center;"><b>0</b></td><td style="text-align: center;"><b>SAND + Portland Mix</b></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	<b>22'</b>	<b>0</b>	<b>SAND + Portland Mix</b>																					
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<b>7</b>	<b>CONTRACTOR'S OF LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... <b>07-06-04</b> ..... 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) <b>Kristyna Williams / Diane L Zeller</b>																																	
<b>INSTRUCTIONS:</b> 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.																																		