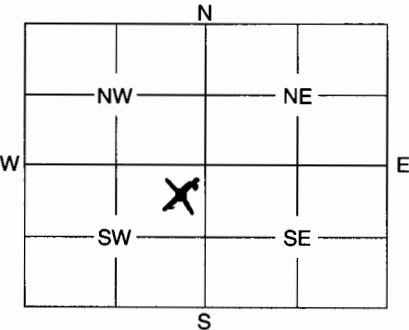


1	LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NE SE NW SW</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section <u>6</u>	Number	Township <u>27</u>	Number	Range <u>1 E</u>	Number E/W
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Distance and direction from nearest town or city street address of well if located within city?

in city

2	WATER WELL OWNER: <u>Charles S Roberts - Barbara Roberts</u> RR #, St. Address, Box #: <u>2294 West 24th St. N.</u> City, State, ZIP Code: <u>Wichita KS 67204</u>	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL <u>24</u> ft. WELL'S STATIC WATER LEVEL <u>17</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 <u>Domestic (Lawn & Garden)</u> 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other Was a chemical / bacteriological sample submitted to Department? Yes No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No <input checked="" type="checkbox"/>
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5	TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) Blank casing diameter <u>1 1/2</u> in. Was casing pulled? Yes No <input checked="" type="checkbox"/> Casing height above or below land surface <u>1 1/2</u> in. If yes, how much
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other Grout Plug Intervals: From <u>24</u> ft. to <u>0</u> ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) <u>None Known</u> 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?
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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>9/9/04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>919104</u> This Water Well Record was completed on (mo/day/year) <u>9/9/04</u> under the business name of <u>Barbara C Roberts</u> by (signature) <u>Barbara C Roberts</u>
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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.

RECEIVED

OCT 26 2004

BUREAU OF WATER