

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
County: <u>Sedgewick</u>	<u>SW 1/4 SE 1/4 SE 1/4</u>	<u>20</u>	<u>27S</u>	<u>1</u> <u>EW</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>100 yds N. of Kellogg + 100 yds. W. of Main</u>																												
2 WATER WELL OWNER: <u>WB Carter</u>																												
RR #, St. Address, Box #:		Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code: <u>Wichita, KS 67219</u>		Application Number:																										
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center; margin-top: 10px;">N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 20px;">NW</td><td style="width: 20px;">NE</td></tr><tr><td style="width: 20px;">SW</td><td style="width: 20px;">SE</td></tr></table> S</div>		NW	NE	SW	SE	4 DEPTH OF WELL <u>36</u> ft.																						
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WELL'S STATIC WATER LEVEL <u>11</u> ft.																												
WELL WAS USED AS:																												
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>																												
If yes, mo/day/yr sample was submitted																												
Water Well Disinfected: Yes <u>X</u> No																												
5 TYPE OF BLANK CASING USED:																												
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Blank casing diameter <u>8</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much																												
Casing height above or below land surface <u>36</u> in.																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other																												
Grout Plug Intervals: From <u>3</u> ft. to <u>12</u> ft., From ft. to ft., From to ft.																												
What is the nearest source of possible contamination:																												
<table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 <u>Waterfront sewer lines</u></td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table>					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage		3 <u>Waterfront sewer lines</u>	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					
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Direction from well? <u>SW</u> How many feet? <u>12</u>																												
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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) <u>9-21-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>4740</u> This Water Well Record was completed on (mo/day/year) <u>9-21-05</u> under the business name of <u>Weninger Drilling Inc.</u> by (signature) <u>[Signature]</u>																												
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.																												