

1	LOCATION OF WATER WELL:	Fraction <u>NE SW SW SE</u>	Section Number <u>31</u>	Township Number <u>27 S</u>	Range Number <u>1 E</u>																								
County: <u>Sedgwick</u> <del>SW 1/4 SE SE</del>																													
Distance and direction from nearest town or city street address of well if located within city? <u>2316 S MILLWOOD</u>																													
2	WATER WELL OWNER: <u>VICKY HARRIS</u>																												
RR #, St. Address, Box #:			Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code: <u>ELK GROVE CAL 95624</u>			Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																												
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> N  <table border="1" style="border-collapse: collapse; width: 150px; height: 150px;"> <tr><td style="width: 50px; height: 50px;">NW</td><td style="width: 50px; height: 50px;">NE</td></tr> <tr><td style="width: 50px; height: 50px;">SW</td><td style="width: 50px; height: 50px;">SE</td></tr> </table> W  <div style="text-align: center; margin-top: 5px;">X</div> S </div> <div> DEPTH OF WELL ..... <u>28</u> ..... ft.  WELL'S STATIC WATER LEVEL ..... <u>15</u> ..... ft.  WELL WAS USED AS:  <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 ..... </div> </div> </div> </div>						NW	NE	SW	SE																				
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SW	SE																												
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 <input checked="" type="checkbox"/> ..... No .....																													
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 ..... <u>6</u> ..... in.    Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> ..... If yes, how much ..... Casing height above or below land surface ..... <u>3 ft Below</u> ..... in.																													
6	GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other <u>Premix Cement</u>																												
Grout Plug Intervals: From <u>28</u> ft. to <u>3</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft.																													
What is the nearest source of possible contamination:																													
1 Septic tank    6 Seepage pit    11 Fuel storage    16 Other (specify below) 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? <u>North</u> How many feet? <u>20</u>																													
<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><u>28</u></td> <td><u>3</u></td> <td><u>Premix Cement</u></td> </tr> <tr> <td><u>3</u></td> <td><u>0</u></td> <td><u>TOP SOIL</u></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	<u>28</u>	<u>3</u>	<u>Premix Cement</u>	<u>3</u>	<u>0</u>	<u>TOP SOIL</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>8-2-05</u> 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) .....																												
by (signature) <u>Pat England</u> <u>W. FAMILY FRIEND!!</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.