

1 LOCATION OF WATER WELL: County: <u>Sedgwick</u> Distance and direction from nearest town or city street address of well if located within city? <u>3109 Grail</u>	Fraction <u>NE SE SE</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>27</u>	Township Number <u>27S</u>	Range Number <u>10</u> EW																					
2 WATER WELL OWNER: <u>Terry Krammer</u> RR #, St. Address, Box #: _____ City, State, ZIP Code: _____ Board of Agriculture, Division of Water Resources Application Number: _____																									
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF WELL <u>20</u> ft. WELL'S STATIC WATER LEVEL <u>12</u> ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>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 _____</td> </tr> </table> 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 _____				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 _____									
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> <u>3</u> Blank casing diameter <u>3</u> in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or below land surface _____ in.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile												
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other _____ Grout Plug Intervals: From <u>20</u> ft. to <u>12</u> ft., From _____ ft. to _____ ft., From _____ ft. 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 Watertight sewer lines</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> Direction from well? _____ How many feet? _____					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		
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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>7-8-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>7-8-05</u> under the business name of <u>Weninger Drilling, Inc.</u> by (signature) <u>Luchita Lopez</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.																									