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|---|-------------------------|---|----------------|-----------------|---------------|
| 1 | LOCATION OF WATER WELL: | Fraction <u>NW NE NW SE</u> | Section Number | Township Number | Range Number |
| | County: <u>SEDGWICK</u> | $\frac{1}{4}$ SE $\frac{1}{4}$ $\frac{1}{4}$ | <u>36</u> | <u>27</u> | <u>1E</u> E/W |

Distance and direction from nearest town or city street address of well if located within city?

5802 E. WALLACE

| | | |
|---|--|---|
| 2 | WATER WELL OWNER: <u>Keith Hanson</u> | Board of Agriculture, Division of Water Resources |
| | RR #, St. Address, Box #: <u>5802 E. Wallace</u> | Application Number: <u>Wichita KS 67218</u> |
| | City, State, ZIP Code: <u>Wichita KS 67218</u> | |

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|---|--|---|---|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL ft. |
| | | | WELL'S STATIC WATER LEVEL <u>20</u> ft. |
| | | | WELL WAS USED AS: |
| | | 1 Domestic <input checked="" type="checkbox"/> 2 Irrigation 3 Feedlot 4 Industrial | 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 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 <input checked="" type="checkbox"/> 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>6</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No If yes, how much |
| | Casing height above or below land surface <u>36</u> in. |

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| 6 | GROUT PLUG MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other <u>CEMENT MIXTURE</u> |
| | Grout Plug Intervals: | From <u>35</u> ft. | to <u>30</u> ft., | From <u>30</u> ft. | to <u>0</u> ft., From to ft. |
| | What is the nearest source of possible contamination: | | | | |
| | 1 Septic tank <input checked="" type="checkbox"/> 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens | 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well | 16 Other (specify below) <u>PIT</u> | |
| | Direction from well? <u>EAST</u> | | How many feet? <u>10' & LESS</u> | | |

| FROM | TO | PLUGGING MATERIALS |
|------------|------------|------------------------|
| <u>35'</u> | <u>30'</u> | <u>CEMENT MIXTURE</u> |
| <u>30'</u> | <u>0'</u> | <u>PORTLAND CEMENT</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>9-9-05</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>Keith Hanson</u> under the business name of |

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.