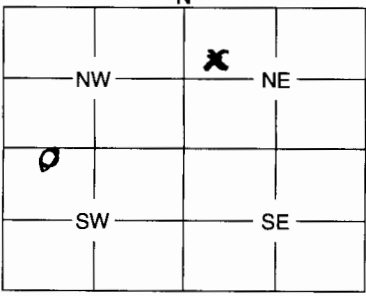


1	LOCATION OF WATER WELL: County: SEDGWICK	Fraction NE NW NW SW 1/4 SE 1/4 NE 1/4 NW	Section Number 8	Township Number T27S	Range Number R1 EW																											
Distance and direction from nearest town or city street address of well if located within city? 1754 N. PAYNE WICHITA, KS 67205																																
2	WATER WELL OWNER: BEVERLY A. BOWMAN 1754 N. PAYNE RR #, St. Address, Box #: Wichita, KS 67205 City, State, ZIP Code : Wichita, KS 67205																															
3		4																														
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">  </div>		DEPTH OF WELL Unknown ft. WELL'S STATIC WATER LEVEL Unknown ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="radio"/> Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes No ✓ If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes ✓ No																														
5																																
TYPE OF BLANK CASING USED:																																
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (Specify below) </div> </div>																																
Blank casing diameter 2 in. Was casing pulled? Yes ✓ No If yes, how much About 5 FT. Casing height above or below land surface About 2 FT. in.																																
6																																
GROUT PLUG MATERIAL: <input checked="" type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other																																
Grout Plug Intervals: From ft. to ft., From ft. to ft., From to ft.																																
What is the nearest source of possible contamination: Unknown																																
<div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank <input checked="" type="checkbox"/> 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div>																																
Direction from well? NORTH How many feet? 20-25 FT																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>CEMENT</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> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <div style="margin-top: 10px;"> As Owner of property, I performed work. </div>						FROM	TO	PLUGGING MATERIALS			CEMENT																					
FROM	TO	PLUGGING MATERIALS																														
		CEMENT																														
7																																
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-15-05 9-15-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA This Water Well Record was completed on (mo/day/year) 9-15-05 under the business name of NA																																
by (signature) Beverly A. Bowman, Owner of Residence																																
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.																																