1	LOCA	TION OF WA	TER WELL:		Fraction		Section	Number	Township	Number	Range	Number
County: Sedgwick				NE NW NW 5W 8E 1/4 890 1/4		22		27		1	B W	
			m nearest town	or c	ity street address of well if loc	ated ·		/?	21		1	<u></u>
		ouglas, Wi			· ,		•	,				
2			NER:Bauer Pro	norty								
<u>-</u>	Ţ		ATTN: L	ohn F			Boar	d of Agriculture	Division of N	Mater Resour	· <u> </u>	
	City, St	ate, ZIP Code	ox #-P.O. Box Haysville		67060			cation Number		valer Nesourc	.63	
3	MARK	WELL'S LO	CATION WITH		4 DEPTH OF WELL 19.	21		ft.			•	
	1	" IN SECTIO			WELL'S STATIC WATE	R LE	VEL 15.	38 _{ft.}				
	N											
					WELL WAS USED AS:							
	N\	NW NE			1 Domestic 2 Irrigation		5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 9 Dewatering 10 Monitoring Well 11 Injection Well					
					3 Feedlot							
W					4 Industrial		8 Air Conditioning 12 Other					
r					Was a chemical / bacteriological sample submitted to Department? Yes No \overline{X}							
	SV	V	SE	1	if yes, mo/day/yr sample was submitted							
	×				Water Well Disinfected: Yes No X							
		S										
5	TYPE	OF BLANK C	ASING USED:	:								
	∫ _1 Ste		/IP (SR) 5	Wro	ught 7 Fibergla	ass	9 Ot	her (Specify be	elow)			
	(2) °V(estos-Cement 8 Concret							
			eter ² i re or below lan		Was casing pulled?		res X	No	If	yes, how muc	oh All	
6	GROU	T PLUG MAT	ERIAL:	1 Ne	eat cement 2 Cement grou	ut	3 Bent	onite 4 O	ther			
		Plug Intervals		19	.21 ft. to 0 ft.,	, F	From	ft. to	ft.	, From	to	ft
	What is	s the nearest	source of poss	sible	contamination:							
		1 Septic tank			6 Seepage pit	11 Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines				7 Pit privy 8 Sewage lagoon			12 Fertilizer storage 13 Insecticide storage					
4 Lateral lines			9 Feedyard	14 Abandoned water well								
5 Cess pool			1 0 Livestock pens		15 Oil w	ell/Gas well						
	Direct	ion from well?	999		How many	feet?	999					
	FROM	то	T	DLI	IGGING MATERIALS		1					
	T KOW	10		PLU			-					
19.2	21	0	3/8 Bentoni	ite cl	nips]					
							1					
							-					
			MW-5									
7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was complete.										pleted on	
(mo/day/year) 9-20-06 Water Well Contractor's License No. 665 This Water Well Record was completed and this record is true to the best of my knowledge and this record is true to the best of my knowledge was completed.										lge and belie	ef. Kansas	
	vyater V	veii Contracto 06	rs License No.	دون he	busines name Pratt W	ell E	nvironn		er well Reco	ra was compl	eted on (mo	/day/year)
	by (sig	nature)	qui.	Es	1 C. Gell	.						
INS	STRUCTI	ONS: Use M	pewriter or b	all p	oint pen. Please press firm	ıly ar	nd print o	clearly. Pleas	e fill in blan	s, underline	or circle th	e correct
ans	swers. Se	nd top three	e copies to Ka	ansa	s Department of Health an	d En	vironme	nt, Bureau of	Water, Geo	logy Section	, 1 000 SW	Jackson
St.	, Ste. 420), Topeka, K	(ansas 66612	2-136	67. Telephone: 785/296-55	22. S	end one	to Water We	ell Owner an	d retain one	for your red	ords.