

<b>1 LOCATION OF WATER WELL:</b> County: <u>Sedgewick</u>	Fraction <u>NE SE NE SE</u> <u>SW 1/4 SW 1/4 SW 1/4</u>	Section Number <u>27</u>	Township Number <u>27</u>	Range Number <u>1 E</u>
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Distance and direction from nearest town or city street address of well if located within city?  
3125 manly

<b>2 WATER WELL OWNER:</b> <u>Mr Nyquist</u> RR #, St. Address, Box #: <u>3125 manly</u> City, State, ZIP Code: <u>Wichita, KS 67211</u>	Board of Agriculture, Division of Water Resources Application Number: <u>none</u>
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<b>3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b> <div style="text-align: center;">             N  <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width:25%;">NW</td> <td style="width:25%;">NE</td> </tr> <tr> <td style="width:25%;">SW</td> <td style="width:25%;">SE</td> </tr> </table>             S           </div> <div style="text-align: center; margin-top: 10px;"> </div>	NW	NE	SW	SE	<b>4 DEPTH OF WELL</b> <u>21</u> ft. <b>WELL'S STATIC WATER LEVEL</b> <u>11</u> ft. <b>WELL WAS USED AS:</b> <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 &amp; 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 <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>	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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<b>5 TYPE OF BLANK CASING USED:</b> 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>1 1/4</u> in. Was casing pulled? Yes <input checked="" type="checkbox"/> No _____ Casing height above or below land surface <u>60</u> in. If yes, how much <u>5'</u>	<b>6 GROUT PLUG MATERIAL:</b> 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>21</u> ft. to <u>0</u> ft., From _____ ft. to _____ ft., From _____ ft. 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>South</u> How many feet? <u>10</u> <u>in Basement</u>
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FROM	TO	PLUGGING MATERIALS
21	0	Cement grout

<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11-6-07</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/year) <u>11-6-07</u> under the business name of <u>Barber Pump &amp; Well</u> by (signature) <u>David Barber</u>	This water well was plugged under my jurisdiction and was completed on (mo/day/year) _____ 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) _____ under the business name of _____ by (signature) _____
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**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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.