

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																											
	County: Sedgwick	SE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	20		27S		1	(E/W)																											
Distance and direction from nearest town or city street address of well if located within city? 777 West Central Avenue, Wichita, Kansas																																			
2	WATER WELL OWNER: Westar Energy																																		
RR #, St. Address, Box #: 122 SW 2nd Street				Board of Agriculture, Division of Water Resources																															
City, State, ZIP Code : Topeka, KS 66603				Application Number:																															
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL ..... 20.5 ..... ft.																															
			WELL'S STATIC WATER LEVEL ..... 12.98 ..... ft.																																
			WELL WAS USED AS:																																
			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 .....																																
			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> X If yes, mo/day/yr sample was submitted ..... Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> X																																
5	TYPE OF BLANK CASING USED:																																		
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <input checked="" type="radio"/> 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile																																			
Blank casing diameter ..... 2 ..... in.      Was casing pulled? Yes <input checked="" type="checkbox"/> X      No .....      If yes, how much ..... ~ 3 feet cut off ..... below grade Casing height above or below land surface ..... in.																																			
6	GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <input checked="" type="radio"/> 3 Bentonite <input checked="" type="radio"/> 4 Other ..... Topsoil/grass																																		
Grout Plug Intervals:      From ..... 20.5 ..... ft.      to ..... 3 ..... ft.,      From ..... 3 ..... ft.      to ..... 0 ..... ft.,      From ..... to ..... ft.																																			
What is the nearest source of possible contamination:																																			
1 Septic tank                      6 Seepage pit                      11 Fuel storage <input checked="" type="radio"/> 16 Other (specify below) 2 Sewer lines                      7 Pit privy                      12 Fertilizer storage                      Former ASTs 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? .....      How many feet? .....																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">FROM</th> <th style="width: 10%;">TO</th> <th style="width: 80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>20.5</td> <td>3</td> <td>Bentonite</td> </tr> <tr> <td>3</td> <td>0</td> <td>Topsoil/grass</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>									FROM	TO	PLUGGING MATERIALS	20.5	3	Bentonite	3	0	Topsoil/grass																		
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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) ..... 9/30/2008 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 708 ..... This Water Well Record was completed on (mo/day/year) ..... 10/2/2008 ..... under the business name of ..... Aquaterra Environmental Solutions, Inc. .... by (signature) ..... <i>Uhh...me</i> .....																																		
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.																																			