

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number																								
	County: <u>Sedgewick</u>	<u>1/4 SE 1/4 SW 1/4 SE</u>	<u>36</u>		<u>27 S</u>		<u>1</u>	<u>EW</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>5800 E. Pawnee, Cessna Aircraft Company Wichita</u>																																
2	WATER WELL OWNER: <u>CESSNA AIRCRAFT COMPANY, INC</u>																															
RR #, St. Address, Box #: <u>ONE CESSNA BOULEVARD</u>				Board of Agriculture, Division of Water Resources																												
City, State, ZIP Code: <u>Wichita, KS 67215</u>				Application Number: _____																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL <u>53</u> ft.																												
<div style="text-align:center">N</div> <table border="1" style="width:100%"><tr><td style="width:50%">NW</td><td style="width:50%">NE</td></tr><tr><td style="width:50%">SW</td><td style="width:50%">SE</td></tr></table> <div style="text-align:center">S</div> <div style="position: absolute; bottom: 10px; right: 10px; text-align: center;">X</div>			NW	NE	SW	SE	WELL'S STATIC WATER LEVEL <u>31.7</u> ft.																									
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			WELL WAS USED AS:																													
<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 & Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other <u>UNKNOWN</u></td></tr></table>					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 <u>UNKNOWN</u>																
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Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u>																																
If yes, mo/day/yr sample was submitted _____																																
Water Well Disinfected: Yes _____ No <u>X</u>																																
5	TYPE OF BLANK CASING USED:																															
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Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>3 ft</u>																																
Casing height above or below land surface <u>36</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other <u>TOP SOIL</u>																															
Grout Plug Intervals: From <u>53</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>0</u> ft., From _____ to _____ ft.																																
What is the nearest source of possible contamination:																																
<table style="width:100%"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below) <u>999</u></td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table>									1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below) <u>999</u>	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					
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Direction from well? <u>999</u> How many feet? <u>999</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>3-18-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>4-6-10</u> under the business name of <u>PLATT WELL SERVICE, INC.</u>																															
by (signature) <u>Steven E. Platt</u>																																
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.																																