

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>Sedgwick</i>	$\frac{1}{4}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW	<i>29</i>	<i>T 27 S</i>	<i>R 1 E</i>

Distance and direction from nearest town or city street address of well if located within city?

Lincoln + McLean st. 2497 North 2730 West of southeast corner

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	<i>City of Wichita</i>	Application Number: <i>20029086</i>
	RR #, St. Address, Box #: <i>455 N. Main</i>	
	City, State, ZIP Code: <i>Wichita ks. 67202</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>28'</i> ft.												
		WELL'S STATIC WATER LEVEL <i>17.05</i> ft.													
WELL WAS USED AS:															
<table border="0"> <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 <i>Test well</i></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 <i>Test well</i>
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Was a chemical / bacteriological sample submitted to Department? Yes No <i>X</i>															
If yes, mo/day/yr sample was submitted															
Water Well Disinfected: Yes <i>X</i> No <i>*</i>															

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td><i>2 PVC</i></td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	<i>2 PVC</i>	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter <i>6</i> in. Was casing pulled? Yes <i>X</i> No If yes, how much <i>28'</i>										
	Casing height above or below land surface <i>2.5</i> in.										

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<i>3 Bentonite</i>	4 Other																
	Grout Plug Intervals:	From ft.	to ft.	From ft.	to ft.																
	What is the nearest source of possible contamination:																				
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
<i>0</i>	<i>4'</i>	<i>Top Soil</i>
<i>4'</i>	<i>28'</i>	<i>Bentonite</i>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>1-21-09</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>NA</i> This Water Well Record was completed on (mo/day/year) <i>1-21-09</i> under the business name of <i>City of Wichita</i> by (signature) <i>Jim Schaaf</i>
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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, 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.

RECEIVED
JAN 19 2011
BUREAU OF WATER
RECEIVED
JAN 22 2009
Equus Beds Groundwater
Management District No. 2