KSA 82a-1212

				agree	·			
1	LOCAT	TON OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty: Se	edgwick		SW 1/4 SE 1/4 SW 1/4	16	27	1 (E)W	
Dis	tance and	direction from		city street address of well if loo	_			
		-		Central, Wichita, KS	67202			
2			_{VER:} Steffen					
		t. Address, Bo te, ZIP Code		, KS 67202	Application Number	e, Division of Water Resourcer:	es .	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N			1 1 .	31. ft.	•		
				WELL'S STATIC WATER LEVEL ft.				
				WELL WAS USED AS:				
	NN	<i>ı</i> ————	— NE ——	1 Domestic	5 Public Water Supply			
w			E	2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	arden) 11 Injection	Well	
**				4 Industrial	8 Air Conditioning		×	
				Was a chemical / bacteriological sample submitted to Department? Yes				
		\times		Water Well Disinfected: Yes No				
		S	*	Trator Tron Diameter				
5	5 TYPE OF BLANK CASING USED:							
	1 Stee (2)PVC			rought 7 Fibergl bestos-Cement 8 Concre		elow)		
Blank casing diameter								
				urface	in.			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Native Soil Grout Plug Intervals: From							
		Plug Intervals		to ft.	., From3ft. to	o <u></u> ft., From	to it	
What is the nearest source of possible 1 Septic tank				6 Seepage pit	(1) Fuel storage	16 Other (spe	16 Other (specify below)	
		ewer lines /atertight sew	er lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		***************************************	
	4 La	ateral lines	,	9 Feedyard 10 Livestock pens	14 Abandoned water			
5 Cess pool 10 Livestock pens 15 Oil well/Gas well Direction from well?								
	Directi	I TOTAL WORLD		now many				
FROM TO				UGGING MATERIALS				
0		3	Native So	il.				
3		31	Bentonite					
				P				
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed or (mo/day/year)								
	Water V	Vell Contracto	or's License No. /.	708		ater Well Record was comp	eleted on (mo/day/year)	
(mo/day/year)								
	STRUCTI	ONS: Use t	ypewriter or bal	l point pen. <u>Please press fir</u>	mly and print clearly. Plea	ase fill in blanks, underlin	e or circle the correct	
				sas Department of Health a 367. Telephone: 785/296-5				