

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction NW/4 NW/4 NW/4	Section Number 31	Township Number T27 S0.	Range Number 2 E
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Distance and direction from nearest town or city street address of well if located within city?
1655 SO. MISSION WICHITA KS 67207

2 WATER WELL OWNER: VERNON E. ROUSH RR#, St. Address, Box #: 1655 SO. MISSION City, State, ZIP Code : WICHITA, KS 67207	Board of Agriculture, Division of Water Resources Application Number: UNKNOWN
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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 100px; text-align: center; border-collapse: collapse;"> <tr><td colspan="4">X</td></tr> <tr><td>N</td><td>W</td><td>N</td><td>E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td>S</td><td>W</td><td>S</td><td>E</td></tr> <tr><td colspan="4">S</td></tr> </table>	X				N	W	N	E	W			E	S	W	S	E	S				4 DEPTH OF WELL... 4.2'.....8''ft. WELL'S STATIC WATER LEVEL 2.8'.....10''ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... I NEVER USED Was a chemical/bacteriological sample submitted to Department? Yes....No..X. If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No..X..
X																					
N	W	N	E																		
W			E																		
S	W	S	E																		
S																					

5 TYPE OF BLANK CASING USED:
(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...**6''**.....in. Was casing pulled? Yes..... No..X. If yes, how much.....
Casing height above or below land surface...**4'.....8''**.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. toft., From..... to.....ft.
What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess Pool

6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens

11 Fuel storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well

(16) Other (specify below)
**TERMITE.....
TREATMENT**

Direction from well? **EAST**..... How many feet? **36'**.....

FROM	TO	PLUGGING MATERIALS
38'	2'	BENTONITE
2'	0'	SAND CONCRETE MIX
0	5'	COMPACTED SOIL

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **8-14-99** 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) **8-14-99** under the business name of
by (signature) **Vernon E. Roush (HOME OWNER)**

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.