

1	LOCATION OF WATER WELL:	Fraction <u>NW NE SW SW</u>	Section Number <u>7</u>	Township Number <u>T27S</u>	Range Number <u>R2E</u>
County: <u>SEDGWICK</u> SW 1/4 NE 1/4 SW 1/4					

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

backyard - 6609 Abbotsford, Wichita KS 67206

2	WATER WELL OWNER: <u>Ms. Barbara Hart</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>13409 Crestwood Ct.</u>		Application Number: <u>Unknown</u>
City, State, ZIP Code: <u>Wichita, KS 67230</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>24</u> ft										
		WELL'S STATIC WATER LEVEL <u>8</u> 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><u>7 Domestic (Lawn & Garden)</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>		1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	<u>7 Domestic (Lawn & Garden)</u>	11 Injection Well	4 Industrial
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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 <u>X</u> No													

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

6	GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> <u>3 Bentonite</u> 4 Other																				
Grout Plug Intervals: From <u>8</u> ft. to <u>1.5</u> ft., From <u>1.5</u> ft. to <u>0</u> ft., From to ft.																					
What is the nearest source of possible contamination:																					
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Direction from well? How many feet?																					

FROM	TO	PLUGGING MATERIALS
<u>1.5</u>	<u>0</u>	<u>Cement</u>
<u>8</u>	<u>1.5</u>	<u>Bentonite</u>
<u>24</u>	<u>8</u>	<u>Sand / bleach</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>11/2/02</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>628</u> This Water Well Record was completed on (mo/day/year) <u>11/2/02</u> under the business name of <u>JMC Enterprises</u>
by (signature) <u>[Signature]</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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.