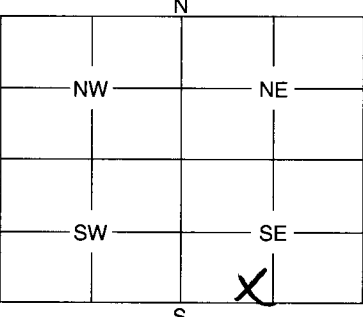


1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Sedgewick</u>	<u>NE SE 1/4 SW 1/4 SE 1/4</u>	<u>28</u>		<u>27</u>		<u>2</u>	<u>6W</u>

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

10615 E. Boston, Wichita, ks.

2	WATER WELL OWNER: <u>Tony Dang</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>10615 E. Boston</u>	Application Number: _____
	City, State, ZIP Code: <u>Wichita, ks.</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>100</u> ft.
		WELL'S STATIC WATER LEVEL <u>38</u> ft.	
		WELL WAS USED AS:	
		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 _____	
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:			
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass
	2 <u>PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile
	9 Other (Specify below) _____			
	Blank casing diameter <u>5</u> in.	Was casing pulled? Yes <u>X</u> No _____	If yes, how much <u>100'</u>	
	Casing height above or below land surface _____ in.			

6	GROUT PLUG MATERIAL:			
	1 Neat cement	2 Cement grout	3 <u>Bentonite</u>	4 Other _____
	Grout Plug Intervals: From <u>1</u> ft. to <u>38</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
	What is the nearest source of possible contamination:			
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below) _____
	2 Sewer lines	7 Pit privy	12 Fertilizer storage	
	3 <u>Wateright sewer lines</u>	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	
	Direction from well? <u>North</u>		How many feet? <u>12</u>	

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>Top soil</u>
<u>3</u>	<u>38</u>	<u>Bentonite</u>
<u>38</u>	<u>100</u>	<u>Aggregate</u>

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>10-15-06</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>740</u> This Water Well Record was completed on (mo/day/year) <u>10-11-06</u> under the business name of <u>Wichita Dilling</u> by (signature) <u>[Signature]</u>	
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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.