

NW SW NW NE

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK		NE 1/4	17	28	1E

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

4115 S. WACO

2 WATER WELL OWNER:

JOSEPH LOUIVE

RR#, St. Address, Box #:

4115 S. WACO

City, State, ZIP Code :

WICHITA, KS 67217

Board of Agriculture, Division of Water Resources

Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

N	W	X	E
W			E
	S		

S

4 DEPTH OF WELL.....ft.

WELL'S STATIC WATER LEVEL.....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.....

Was a chemical/bacteriological sample submitted to Department? Yes....No ☒.
 If yes, mo/day/yr sample was submitted.....

Water Well Disinfected: Yes..... No ☒.

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.....in. Was casing pulled? Yes..... No ☒. If yes, how much.....
 Casing height above or below land surface.....in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....

Grout Plug Intervals: From.....ft. to.....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 Watertight sewer lines 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? **SOUTH WEST**How many feet? **20 Ft**

FROM	TO	PLUGGING MATERIALS
		CEMENT GROUT
		SAND

THIS IS A DRY WELL
 FULL OF SAND, LOCATED
 IN UTILITY ROOM, CEARENT FLOOR
 WE CUT PIPE FLUGH WITH
 FLOOR, FILLED WITH SAND, AND
 CEMENT.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **1-8-96** 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) **1/8/96** under the business name of **Joseph D. Louive** by (signature) **Joseph D. Louive**

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.