

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction: SE 1/4 NW 1/4 SE 1/4	Section Number: 18	Township Number: T 28 S	Range Number: R 1 E																											
Distance and direction from nearest town or city street address of well if located within city? 1 ft east Garden House 4558 S. Vine Wichita, KS																															
2 WATER WELL OWNER: Betty Simms 929 N George RR#, St. Address, Box #: Derby KS 67037 City, State, ZIP Code: Derby KS 67037																															
Board of Agriculture, Division of Water Resources Application Number: Unknown																															
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="2">N W</td><td colspan="2">N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td></td><td>X</td><td></td></tr> <tr><td colspan="2">S W</td><td colspan="2">S E</td></tr> <tr><td colspan="4">S</td></tr> </table>		N W		N E		W			E			X		S W		S E		S				4 DEPTH OF WELL..... 15ft. WELL'S STATIC WATER LEVEL... 9ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot <u>7 Lawn and Garden Only</u> 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other..... Was a chemical/bacteriological sample submitted to Department? Yes....No X ... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes.. X .. No.....									
N W		N E																													
W			E																												
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S W		S E																													
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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..... 2in. Was casing pulled? Yes.. X .. No..... If yes, how much... 24in. Casing height above or below land surface..... 24in.																															
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other..... Grout Plug Intervals: From 15 .ft. to 2 .ft., From.....ft. toft., From..... toft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage <u>16 Other (specify below)</u> 2 Sewer lines 7 Pit privy 12 Fertilizer storage leachate treatment 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? WEST How many feet? 1 FT																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>0</td> <td>Topsoil</td> </tr> <tr> <td>15</td> <td>2</td> <td>Bentonite / bleach</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					FROM	TO	PLUGGING MATERIALS	2	0	Topsoil	15	2	Bentonite / bleach																		
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)..... 4/28/01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 628 This Water Well Record was completed on (mo/day/year)..... 4/28/01 under the business name of TIME THERAPIES by (signature) <i>[Signature]</i>																															
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.																															