

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>SEDGWICK</u>		<u>NW 1/4 SW 1/4 SE 1/4</u>	<u>16</u>	<u>T28S</u>	<u>R1E</u> E/W

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

pool shed - 4610 S. Laura, Wichita KS 67216

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
<u>Susan Baker</u>		Application Number: <u>Unknown</u>
RR #, St. Address, Box #:		
<u>4725 S. Victoria</u>		
City, State, ZIP Code :		
<u>Wichita KS 67216</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>6</u> ft.
		WELL'S STATIC WATER LEVEL <u>✓</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 <u>7 Domestic (Lawn & Garden)</u> 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other	
		Was a chemical / bacteriological sample submitted to Department? Yes No <u>✓</u>	
If yes, mo/day/yr sample was submitted		Water Well Disinfected: Yes No <u>✓</u>	

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 <u>2</u> in. Was casing pulled? Yes No <u>✓</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>	3 Bentonite	4 Other
Grout Plug Intervals: From <u>6</u> ft. to <u>0</u> ft., From ft. to ft., From 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 <u>well was abandoned</u> 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? How many feet?					

FROM	TO	PLUGGING MATERIALS
<u>6</u>	<u>0</u>	<u>Cement</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8/13/03</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>8/15/03</u> under the business name of <u>SMC Enterprises</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.