

1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction NE¹/₄ NW¹/₄ NW¹/₄	Section Number 28	Township Number 28s	Range Number 1 E E/W																								
Distance and direction from nearest town or city street address of well if located within city? 431 E 555 NICHITA																												
2 WATER WELL OWNER: JOHN LINGER RR #, St. Address, Box #: 430 E VINE City, State, ZIP Code: MULVANE 67110 Board of Agriculture, Division of Water Resources Application Number: _____																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">N</td></tr><tr><td style="text-align: center;">X</td><td></td></tr><tr><td style="text-align: center;">NW</td><td style="text-align: center;">NE</td></tr><tr><td style="text-align: center;">W</td><td style="text-align: center;">E</td></tr><tr><td style="text-align: center;">SW</td><td style="text-align: center;">SE</td></tr><tr><td colspan="2" style="text-align: center;">S</td></tr></table>		N		X		NW	NE	W	E	SW	SE	S		4 DEPTH OF WELL 15 ft. WELL'S STATIC WATER LEVEL 10 ft. WELL WAS USED AS: <table style="width:100%;"><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>☐ 7 Domestic (Lawn & Garden)</td><td>☐ 11 Injection Well</td></tr><tr><td>☐ 4 Industrial</td><td>☐ 8 Air Conditioning</td><td>☐ 12 Other</td></tr></table> Was a chemical / bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No ☒			☒ 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
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5 TYPE OF BLANK CASING USED: SAND POINT - DRIVEN <table style="width:100%;"><tr><td>☐ 1 Steel</td><td>☐ 3 RMP (SR)</td><td>☐ 5 Wrought</td><td>☐ 7 Fiberglass</td><td>☐ 9 Other (Specify below)</td></tr><tr><td>☐ 2 PVC</td><td>☐ 4 ABS</td><td>☐ 6 Asbestos-Cement</td><td>☐ 8 Concrete Tile</td><td></td></tr></table> Blank casing diameter 2 1/4 in. Was casing pulled? Yes ☒ No If yes, how much ALL INCLUDING SAND POINT Casing height above or below land surface PIT in.					☐ 1 Steel	☐ 3 RMP (SR)	☐ 5 Wrought	☐ 7 Fiberglass	☐ 9 Other (Specify below)	☐ 2 PVC	☐ 4 ABS	☐ 6 Asbestos-Cement	☐ 8 Concrete Tile															
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6 GROUT PLUG MATERIAL: ☐ 1 Neat cement ☐ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other Grout Plug Intervals: From 0 ft. to 15 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>☒ 1 Septic tank</td><td>☐ 6 Seepage pit</td><td>☐ 11 Fuel storage</td><td>☐ 16 Other (specify below)</td></tr><tr><td>☐ 2 Sewer lines</td><td>☐ 7 Pit privy</td><td>☐ 12 Fertilizer storage</td><td></td></tr><tr><td>☐ 3 Watertight sewer lines</td><td>☐ 8 Sewage lagoon</td><td>☐ 13 Insecticide storage</td><td></td></tr><tr><td>☐ 4 Lateral lines</td><td>☐ 9 Feedyard</td><td>☐ 14 Abandoned water well</td><td></td></tr><tr><td>☐ 5 Cess pool</td><td>☐ 10 Livestock pens</td><td>☐ 15 Oil well/Gas well</td><td></td></tr></table> Direction from well? SOUTH How many feet? ~50 (UNKNOWN)					☒ 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					
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7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 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) 1-6-05 under the business name of PLUGGED BY OWNER: JOHN LINGER by (signature) <i>John Linger</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, 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.																												