

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | LOCATION OF WATER WELL:<br>County: <u>Salisbury</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fraction<br><u>SW 1/4 SW 1/4 SW 1/4</u> | Section Number<br><u>29</u> | Township Number<br><u>28</u> | Range Number<br><u>1 E</u> |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Distance and direction from nearest town or city street address of well if located within city?<br><u>914 W 63rd St.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | WATER WELL OWNER: <u>Mr Wilson</u><br>RR #, St. Address, Box #: <u>914 W 63rd St.</u><br>City, State, ZIP Code: <u>Wichita, KS 67217</u><br>Board of Agriculture, Division of Water Resources<br>Application Number: <u>none</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:<br><div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">N<br/>W<br/>E<br/>S</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <div style="text-align: center; margin-left: 10px;">E</div> </div> <div style="text-align: center; margin-top: 10px;"> <u>X</u> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DEPTH OF WELL ..... ft.<br>WELL'S STATIC WATER LEVEL <u>10</u> ft.<br>WELL WAS USED AS:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> 1 Domestic<br/> <input type="radio"/> 2 Irrigation<br/> <input type="radio"/> 3 Feedlot<br/> <input type="radio"/> 4 Industrial         </div> <div style="width: 33%;"> <input type="radio"/> 5 Public Water Supply<br/> <input type="radio"/> 6 Oil Field Water Supply<br/> <input type="radio"/> 7 Domestic (Lawn &amp; Garden)<br/> <input type="radio"/> 8 Air Conditioning         </div> <div style="width: 33%;"> <input type="radio"/> 9 Dewatering<br/> <input type="radio"/> 10 Monitoring Well<br/> <input type="radio"/> 11 Injection Well<br/> <input type="radio"/> 12 Other .....         </div> </div> Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/><br>If yes, mo/day/yr sample was submitted .....<br>Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                              |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TYPE OF BLANK CASING USED:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"> <input type="radio"/> 1 Steel<br/> <input type="radio"/> 2 PVC         </div> <div style="width: 25%;"> <input checked="" type="radio"/> 3 RMP (SR)<br/> <input type="radio"/> 4 ABS         </div> <div style="width: 25%;"> <input type="radio"/> 5 Wrought<br/> <input type="radio"/> 6 Asbestos-Cement         </div> <div style="width: 25%;"> <input type="radio"/> 7 Fiberglass<br/> <input type="radio"/> 8 Concrete Tile         </div> <div style="width: 25%;"> <input type="radio"/> 9 Other (Specify below)         </div> </div> Blank casing diameter <u>4</u> in. Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> If yes, how much .....<br>Casing height above or below land surface <u>0</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | GROUT PLUG MATERIAL: <input type="radio"/> 1 Neat cement <input checked="" type="radio"/> 2 Cement grout <input type="radio"/> 3 Bentonite <input type="radio"/> 4 Other .....<br>Grout Plug Intervals: From <u>10</u> ft. to <u>0</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.<br>What is the nearest source of possible contamination:<br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="radio"/> 1 Septic tank<br/> <input type="radio"/> 2 Sewer lines<br/> <input type="radio"/> 3 Watertight sewer lines<br/> <input type="radio"/> 4 Lateral lines<br/> <input type="radio"/> 5 Cess Pool         </div> <div style="width: 33%;"> <input type="radio"/> 6 Seepage pit<br/> <input type="radio"/> 7 Pit privy<br/> <input type="radio"/> 8 Sewage lagoon<br/> <input type="radio"/> 9 Feedyard<br/> <input type="radio"/> 10 Livestock pens         </div> <div style="width: 33%;"> <input type="radio"/> 11 Fuel storage<br/> <input type="radio"/> 12 Fertilizer storage<br/> <input type="radio"/> 13 Insecticide storage<br/> <input type="radio"/> 14 Abandoned water well<br/> <input type="radio"/> 15 Oil well/Gas well         </div> <div style="width: 33%;"> <input type="radio"/> 16 Other (specify below)         </div> </div> Direction from well? <u>South</u> How many feet? <u>55</u> |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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><u>28</u></td> <td><u>12</u></td> <td><u>Sand &amp; Gravel Pump</u></td> </tr> <tr> <td><u>12</u></td> <td><u>0</u></td> <td><u>Cement Grout</u></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 | <u>28</u> | <u>12</u> | <u>Sand &amp; Gravel Pump</u> | <u>12</u> | <u>0</u> | <u>Cement Grout</u> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FROM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PLUGGING MATERIALS                      |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>28</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>Sand &amp; Gravel Pump</u>           |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>12</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Cement Grout</u>                     |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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) <u>6-29-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>472</u> This Water Well Record was completed on (mo/day/year) <u>6-29-05</u> under the business name of <u>Bearden Pump &amp; Well</u><br>by (signature) <u>David Bearden</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                             |                              |                            |      |    |                    |           |           |                               |           |          |                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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.