

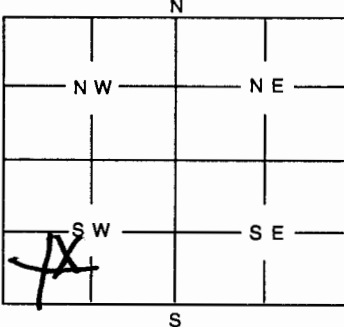
NW SE SW SW

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<i>Salisbury</i>	<i>NE 1/4 SW 1/4 SW 1/4</i>	<i>17</i>	<i>28</i>	<i>1 E</i>

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

815 meible

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
	<i>Mr. Meyers</i>	Application Number: <i>none</i>
	RR #, St. Address, Box #:	
	<i>815 meible</i>	
	City, State, ZIP Code:	
	<i>Wichita KS 67217</i>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>25</i> ft.
			WELL'S STATIC WATER LEVEL <i>16</i> 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 7 Domestic (Lawn & Garden) 11 Injection Well ☐ 4 Industrial 8 Air Conditioning 12 Other
			Was a chemical / bacteriological sample submitted to Department? Yes No ☒ <i>V</i>
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes No ☒ <i>X</i>

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 <i>1 1/4</i> in. Was casing pulled? Yes ☒ <i>X</i> No If yes, how much <i>5'</i>
	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 <i>25</i> ft. to <i>0</i> 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? <i>East</i> How many feet? <i>15</i>	

FROM	TO	PLUGGING MATERIALS
<i>25</i>	<i>3</i>	<i>Cement grout</i>
<i>3</i>	<i>0</i>	<i>Top Soil</i>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <i>6-12-86</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>472</i> This Water Well Record was completed on (mo/day/year) <i>6-22-86</i> under the business name of <i>Bear & Sons Well</i> by (signature) <i>David Bear</i>
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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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.