

1 LOCATION OF WATER WELL: Fraction NE SE SE SW Section Number 32 Township Number 28 S Range Number 1 EW
 County: Sedgwick
 Distance and direction from nearest town or city street address of well if located within city? 212 N. Jane St. - Haysville

2 WATER WELL OWNER: Karen Griffin
 RR #, St. Address, Box #: _____
 City, State, ZIP Code: _____
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N	
NW	NE
SW	SE
S	

W E

4 DEPTH OF WELL 20 ft.
 WELL'S STATIC WATER LEVEL 10 ft.
 WELL WAS USED AS:
☒ 1 Domestic
☐ 2 Irrigation
☐ 3 Feedlot
☐ 4 Industrial
☐ 5 Public Water Supply
☐ 6 Oil Field Water Supply
☐ 7 Domestic (Lawn & Garden)
☐ 8 Air Conditioning
☐ 9 Dewatering
☐ 10 Monitoring Well
☐ 11 Injection Well
☐ 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 _____

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 2 in. Was casing pulled? Yes _____ No X If yes, how much _____
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 3 ft. to 10 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 _____
☐ 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? E How many feet? 2

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>3</u>	<u>TOP SOIL</u>
<u>3</u>	<u>10</u>	<u>BENTONITE</u>
<u>10</u>	<u>20</u>	<u>GRAVEL</u>

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 8/20/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 91000 This Water Well Record was completed on (mo/day/year) 9/10/09 under the business name of Wesley's Drilling Inc.
 by (signature) [Signature]

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.