

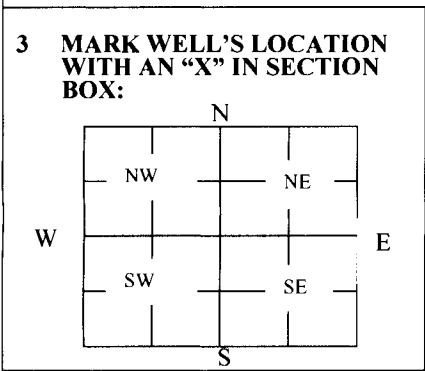
1 LOCATION OF WATER WELL: County: Sedgwick	Fraction se ¼ sw ¼ nw ¼ ¼	Section Number 20	Township Number T 28 S	Range Number 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here **619 W 51st St S
Wichita KS 67217
backyard**

Global Positioning Systems (GPS) information:
 Latitude: **N37 36' 3.06"** (in decimal degrees)
 Longitude: **W 97 20" 44.23"** (in decimal degrees)
 Elevation: **1276**
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method:

2 WATER WELL OWNER:
RR#, St. Address, Box #: _____
City, State ZIP Code: _____

GPS unit (Make/Model: **Apple Iphone**)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 18' ft.
 WELL'S STATIC WATER LEVEL 10' ft
 WELL WAS USED AS:

<input type="checkbox"/> Domestic Irrigation	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Feedlot	<input checked="" type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Injection Well
		<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Other (Specify below)
<input type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	<u>Styrene</u>

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much 2.5'
 Casing height above or below land surface 30" in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 11 ft. to 8 ft., From 3 ft. to 2 ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input checked="" type="checkbox"/> Other (specify below)
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	<u>Well was abandoned</u>
<input type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? _____
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? _____

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
2.5	0	Top soil			
3	2	Bentonite			
8	3	Subsoil fill			
11	8	bentonite			
18	11	Bentonite <i>Sand</i>			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/17/17 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 628. This Water Well Record was completed on (mo/day/year) 9/17/17 under the business name of JMEnterprises by (signature) *[Signature]*

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.