Wichita

35 W



Please submit to: Kansas Department of Health & Environment Bureau of Water - Geology Section 1000 S. W. Jackson Street, Suite 420 Topeka, Kansas 66612-1367

## INACTIVE WATER WELL REQUEST FORM WWC-6 KSA

In accordance with K.A.R. 28-30-7, Landowners may obtain the department's written approval to maintain wells in an inactive status rather than being plugged if the landowner can present evidence to the department as to the condition of the well and as to the landowner's intentions to use the well in the future. As evidence of intentions, the owner shall be responsible for properly maintaining the well in such a way that:

respon	isible for properly maintaining the wen in such a way that.
•	The well and the annular space between the hole and the casing shall have no defects that will permit the entrance
	of surface water or vertical movement of subsurface water into the well:

The well is clearly marked and is not a safety hazard;

The top of the well is securely capped in a watertight manner and is adequately maintained in such a manner as to prevent easy entry by other than the landowner;

The area surrounding the well shall be protected from potential sources of contamination within a 50 foot radius; if the pump, motor or both, have been removed for repair, replacement, etc., the well shall be maintained to prevent injury to the people and to prevent the entrance of any contaminants or other foreign materials; The well shall not be used for disposal or injection of trash, garbage, sewage, wastewater or storm runoff; and

The well shall be easily accessible to routine maintenance periodic inspection.

INSTRUCTIONS: Please provide the department with the following information on your inactive well. Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in all blanks, underline or circle the correct

	12 TILL SW
1.	LOCATION OF WATER WELL: Fraction NE NW SW Section # Township # Range # County: Wich Ta 1/4 1/4 1/4 8 T S R S E/W
2.	WATER WELL OWNER: Ben Zellner Marientlal Ks RR#, St. Address, Box #: 37 City, State, Zip Code: 67863
3.	WATER RIGHT FILE NO.: 8.074 00 4. DEPTH OF COMPLETED WELL: ft.
5.	WELL'S STATIC WATER LEVEL:ft.
6.	WELL PREVIOUSLY USED AS: 5. Public Water Supply 8. Air Conditioning 11. Injection Well 1. Domestic 3. Feedlot 6. Oil Field Water Supply 9. Dewatering 12. Other 12. Other 13. Injection Well 14. Industrial 7. Lawn and Garden Only 15. Observation Well 16. Observation Well 17. Injection Well 18. Air Conditioning 18. Air Conditioning 19. Dewatering 19. Other
7.	TYPE OF BLANK CASING USED: 5. Wrought Iron 6. Asbestos-Cement 7. Fiberglass 7. Fiberglass 8. Concrete Tile 9. Other
8.	GROUT MATERIAL: 1. Neat Cement 2. Cement Grout 3. Bentonite 4 Otherft. Toft.
9.	NEAREST SOURCE OF POSSIBLE CONTAMINATION: 1. Septic Tank 2. Sewer Lines 3. Watertight Sewer Lines 4. Lateral Lines 5. Cess Pool 6. Seepage Pit 7. Pit Privy 8. Sewage Lagoon 12. Fertilizer Storage 13. Unsecticide Storage 14. Abandoned Water Well 15. Oil Well/Gas Well 16. Other (specify below) 17. Insecticide Storage 18. Other (specify below) 19. Feedyard
10.	WELL ORIGINALLY CONSTRUCTED BY: (Driller's Name):
	PD# St Address Boy #: City State Zin Code:
11.	DATE WELL PLACED ON INACTIVE STATUS: 12-15-09 This is not a request for Estimated Reactivation date: 12-31-19  Estimated Reactivation date: 12-31-19
12.	ESTIMATED REACTIVATION DATE: 12-31-19
I certif	y this water well currently in compliance with all applicable requirements for inactive wells and agree to maintain li in accordance with K.A.R. 28-30-7f until such time well is either reactivated or plugged.
91	may Be used for
Signat	ure of Well Owner  Do mestic use