

1 LOCATION OF WATER WELL: Fraction SW 1/4 1/4 Section Number 19 Township Number T 12 S Range Number 36 E **W**

County: WICHITA

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: _____ (in decimal degrees)
 Longitude: _____ (in decimal degrees)
 Elevation: _____
 Datum: WGS84, NAD83, NAD27
 Collection Method:
 GPS unit (Make/Model: _____)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m

2 WATER WELL OWNER: Wichita County
 RR#, St. Address, Box #: c/o Wichita Co Clerk
 City, State ZIP Code: P.O. Box 968
Leoti, KS 67861

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

N			
W	NW	NE	E
	SW	SE	
S			

4 DEPTH OF WELL 153 ft.
 WELL'S STATIC WATER LEVEL 0-0 ft.
 WELL WAS USED AS:
 Domestic Public Water Supply Dewatering
 Irrigation Oil Field Water Supply Monitoring
 Feedlot Domestic (Lawn & Garden) Injection Well
 Industrial Air Conditioning Other _____
 Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile _____

Blank casing diameter 12 in. Was casing pulled? Yes No If yes, how much 56
 Casing height above or below land surface 56 in.

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

Grout Plug Intervals: From 153 ft. to 63 ft., From 63 ft. to 0 ft., From 0 ft. to 5 ft.

What is the nearest source of possible contamination:
 Septic tank Seepage pit Fuel storage Other (specify below) _____
 Sewer lines Pit privy Fertilizer storage _____
 Watertight sewer lines Sewage lagoon Insecticide storage _____
 Lateral lines Feedyard Abandoned water well Direction from well? E
 Cess pool Livestock pens Oil well/Gas well How many feet? 100 P

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
153	63	Sand			
63	0	Dirt			
0	5	Bentonite			
5	0	Dirt			
JONES CONSTRUCTION 231 EAST HIGHWAY 96 P.O. BOX 338 LEOTI, KS 67861-0338					

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-6-12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) 9-7-12 under the business name of Jones Construction by (signature) [Signature]

INSTRUCTIONS: Use typewriter or ballpoint 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: 785/296-5524. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/waterwell/index.html>.