

1	LOCATION OF WATER WELL: County: Harvey	Fraction SE 1/4 SE 1/4 SW 1/4	Section Number 22	Township Number T 24 S	Range Number R 2 E	W																								
Distance and direction from nearest town or city street address of well if located within city? Approximately 4 miles south and 1/2 mile west of Halstead																														
2	WATER WELL OWNER: City of Wichita RR#, St. Address, Box # 455 N. Main City, State, ZIP Code Wichita, KS 67202 Board of Agriculture, Division of Water Resources Application Number: HV006																													
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 		4	DEPTH OF WELL 85 ft WELL'S STATIC WATER LEVEL 32 ft. WELL WAS USED AS: 1 Domestic 5 <u>Public Water Supply</u> 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 ☒ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ☒ No _____																										
5	TYPE OF BLANK CASING USED: 1 <u>Steel</u> 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 18 in. Was casing pulled? Yes _____ No ☒ If yes, how much Cut off Casing height above or <u>below</u> land surface 48 in.																													
6	GROUT PLUG MATERIAL: 1 Neat Cement 2 <u>Cement grout</u> 3 Bentonite 4 Other Grout Plug Intervals: From 32 ft. to 4 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 <u>None known</u> 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? _____ How many feet? _____																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">85</td> <td style="text-align: center;">32</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">32</td> <td style="text-align: center;">4</td> <td>Concrete Grout</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">0</td> <td>Compacted Soil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>							FROM	TO	PLUGGING MATERIALS	85	32	Chlorinated Sand	32	4	Concrete Grout	4	0	Compacted Soil												
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7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-11-01 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 10-17-01 _____ under the business name of Clarke Well & Equipment, Inc. by (signature) <i>[Signature]</i>																													
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																														