

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: Sedgwick	E 1/2 NW1/4 1/4	6	T25S	RLW																								
Distance and direction from nearest town or city street address of well if located within city?																													
2	WATER WELL OWNER: Carolyn McGinn																												
	RR#, St. Address, Box #: 11047 W. 87th St.		Board of Agriculture, Division of Water Resources																										
	City, State, ZIP Code : Sedgwick, KS 67135		Application Number: Unknown																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																												
	N																												
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:25%;">W</td> <td style="width:25%;">N W</td> <td style="width:25%;">N E</td> <td style="width:25%;">E</td> </tr> <tr> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td></td> <td>S W</td> <td>S E</td> <td></td> </tr> <tr> <td></td> <td colspan="3">S</td> </tr> </table>					W	N W	N E	E		X				S W	S E			S										
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4	DEPTH OF WELL.....14.....ft. WELL'S STATIC WATER LEVEL.....0.....ft. WELL WAS USED AS: <table style="width:100%;"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> 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.....					1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....												
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5	TYPE OF BLANK CASING USED:																												
	☒ Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) ☐ PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile 																												
	Blank casing diameter.....8.....in. Was casing pulled? Yes..X.. No..... If yes, how much...2.5 ft. Casing height above or below land surface....30.....in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																												
	Grout Plug Intervals: From..3...ft. to...2...ft., From.....ft. toft., From..... to.....ft.																												
	What is the nearest source of possible contamination:																												
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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)...10/17/97..... 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) ...7/10/97..... under the business name of by (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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.																													