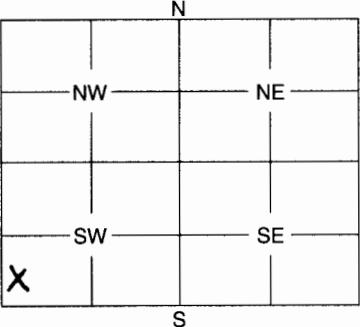


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Sedgwick</u>	<u>1/4 NW 1/4 SW 1/4 SW</u>	<u>26</u>	<u>T 25 S</u>	<u>R 2 E</u>

Distance and direction from nearest town or city street address of well if located within city?

775' North 4640' west of Southeast corner

2	WATER WELL OWNER: <u>City of Wichita</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>455 N. Main</u>	Application Number: <u>20029085</u>
	City, State, ZIP Code: <u>Wichita KS 67202</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>51.7</u> ft.
			WELL'S STATIC WATER LEVEL <u>9.67</u> ft.
			WELL WAS USED AS:
			1 Domestic 5 Public Water Supply 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 <u>Test well</u>
			Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes <u>X</u> No

5	TYPE OF BLANK CASING USED:			
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass
	<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	8 Concrete Tile
	9 Other (Specify below)			
	Blank casing diameter <u>6</u> in.	Was casing pulled? Yes No <u>X</u>	If yes, how much	
	Casing height above or below land surface <u>3.0</u> in.			

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<u>3 Bentonite</u>	4 Other
	Grout Plug Intervals:	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?		

FROM	TO	PLUGGING MATERIALS
0	4'	Top Soil
4'	51.7	Bentonite

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>1-22-09</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>N/A</u> This Water Well Record was completed on (mo/day/year) <u>1-22-09</u> under the business name of <u>City of Wichita</u> by (signature) <u>Jim Scharf</u>
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

RECEIVED

JAN 19 2011

BUREAU OF WATER

RECEIVED

JAN 22 2009

Equus Beds Groundwater
Management District No. 2