

1 LOCATION OF WATER WELL:	Fraction NC 1X4 1X4 NE 1/4	Section Number 9	Township Number 25	Range Number 3W																																		
County: SEDGWICK																																						
Distance and direction from nearest town or city street address of well if located within city? 1 3/4 MI. NORTH & 3/4 MI. EAST OF MT. HOPE, KANSAS																																						
2 WATER WELL OWNER: CAROLE BEAL																																						
RR#, St. Address, Box #: 53172 MONTEREY DR.		Board of Agriculture, Division of Water Resources																																				
City, State, ZIP Code : BRISTOL, IN 46507-9000		Application Number: N/A																																				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin: 10px auto; width: 150px; height: 100px;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>N W</td><td></td><td>N E</td></tr> <tr><td>W</td><td></td><td></td><td>E</td></tr> <tr><td></td><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> S						N W		N E	W			E		S W		S E									4 DEPTH OF WELL.. 33ft. WELL'S STATIC WATER LEVEL.. 3ft. 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... TEST WELL</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..... No.. X..		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... TEST WELL
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5 TYPE OF BLANK CASING USED:																																						
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other.....																																						
Grout Plug Intervals: From.. 33 ..ft. to.. 2.5 ..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) 6/17/97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. N/A This Water Well Record was completed on (mo/day/year) 6-17-97 under the business name of N/A by (signature) X. Warren Smith AGENT/TENANT																																						
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.																																						