

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Sedgewick</u> <u>NW 1/4 NW 1/4 NW 1/4</u>	<u>20</u>	<u>26 S.</u>	<u>1</u>	EW																											
Distance and direction from nearest town or city street address of well if located within city? <u>1/2 E. of 53rd N + 103rd W. Maize, KS.</u>																																
2	WATER WELL OWNER: <u>Nowak Const.</u>																															
RR #, St. Address, Box #: <u>PO Box 218</u>		Board of Agriculture, Division of Water Resources																														
City, State, ZIP Code: <u>Goddard, KS. 67052</u>		Application Number:																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																															
N E <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="text-align: center; vertical-align: top;">X</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> </tr> </table> W E S		X			NW		NE	SW		SE	4	DEPTH OF WELL <u>38</u> ft.																				
X																																
NW		NE																														
SW		SE																														
		WELL'S STATIC WATER LEVEL <u>9</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																														
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 9 Other (Specify below) <u>2</u> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																																
Blank casing diameter <u>8</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much																																
Casing height above or below land surface <u>36</u> in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3</u> Bentonite 4 Other																															
Grout Plug Intervals: From <u>3</u> ft. to <u>10</u> ft., From ft. to ft., From 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 13 Insecticide storage <u>3</u> Watertight sewer lines 8 Sewage lagoon 14 Abandoned water well 4 Lateral lines 9 Feedyard 15 Oil well/Gas well 5 Cess pool 10 Livestock pens																																
Direction from well? <u>South</u> How many feet? <u>12</u>																																
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-15-95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>1740</u> This Water Well Record was completed on (mo/day/year) <u>6-1-95</u> under the business name of <u>William D. Dilling Jr.</u>																															
by (signature) <u>[Signature]</u>																																
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.																																