

LOCATION OF WATER WELL: Sedgwick	Fraction SE ¼ SE ¼ NW ¼	Section Number 02	Township Number 26 SOUTH	Range Number 01 WEST																								
Distance and direction from nearest town or city street address of well if located within city? 0.5 MILES WEST AND 0.5 MILES SOUTH OF INTERSECTION OF W. 77 TH ST. N. & N. 39TH ST., VALLEY CENTER, KS																												
WATER WELL OWNER: (east well) JANICE L. FANTER RR#, St. Address, Box #: 7462 ARMSTRONG ROAD City, State, ZIP Code: MANLIUS, NY 13104 Board of Agriculture, Division of Water Resources Application Number: 16177 & 16178																												
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">X</td> <td style="width: 50px; height: 50px;"></td> </tr> <tr> <td style="width: 50px; height: 50px;"></td> <td style="width: 50px; height: 50px;"></td> </tr> </table> S				X				DEPTH OF WELL 55.0 ft. WELL'S STATIC WATER LEVEL 12.0 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 ☒ If yes, mo/day/yr sample was submitted : / / Water Well Disinfected: Yes ☒ 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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TYPE OF BLANK CASING USED: <table style="width:100%;"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter 8.0 in. Was casing pulled? Yes ☐ No ☒ if yes, how much 0.0 ft bls Casing height above or below land surface 4.0 feet.					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile															
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GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Plug Intervals: From 14.0 ft. to 4.0 ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel Storage</td> <td>16 Other</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well / Gas well</td> <td></td> </tr> </table> Direction from well? Southwest How many feet? 35					1 Septic tank	6 Seepage pit	11 Fuel Storage	16 Other	2 Sewer lines	7 Pit privy	12 Fertilizer storage		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					
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">FROM</th> <th style="width:15%;">TO</th> <th style="width:70%;">PLUGGING MATERIALS</th> </tr> <tr> <td>55.0</td> <td>14.0</td> <td>CLEAN, COURSE SAND</td> </tr> <tr> <td>14.0</td> <td>4.0</td> <td>BENTONITE HOLE-PLUG</td> </tr> <tr> <td>4.0</td> <td>0</td> <td>TOPSOIL</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> </table>			FROM	TO	PLUGGING MATERIALS	55.0	14.0	CLEAN, COURSE SAND	14.0	4.0	BENTONITE HOLE-PLUG	4.0	0	TOPSOIL													NOTE: PLUGGING WITNESSED BY DAVID RANDOLPH, EQUUS BEDS GMD2 ON 12/12/08	
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 12 / 12 / 2008 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA under the business name of N/A by (signature) <i>Janice L. Fanter</i> Janice L. Fanter, owner																												
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, and 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.																												

RECEIVED

JAN 02 2009

Equus Beds Groundwater
Management District No. 2