

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Sedgwick	NE 1/4 NE 1/4 NW 1/4	18	24S	1 E/W

Distance and direction from nearest town or city street address of well if located within city? **From maize - 6000 N 11th St. W. - East 1/2 mile then North 1/2 mile.**

2	WATER WELL OWNER: Bruce Ott	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: 6413 N. Maize Rd	Application Number:
	City, State, ZIP Code: Maize, KS 67101	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 55 ft.												
			WELL'S STATIC WATER LEVEL 5 ft.												
			WELL WAS USED AS:												
			<table border="0"> <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 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	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
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			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												

5	TYPE OF BLANK CASING USED:										
	<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</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>	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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	Blank casing diameter 16 in. Was casing pulled? Yes X No If yes, how much 36"										
	Casing height above or below land surface 29 in.										

6	GROUT PLUG MATERIAL:																				
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	Grout Plug Intervals: From 03 ft. to 13 ft., From ft. to ft., From to ft.																				
	What is the nearest source of possible contamination:																				
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	Direction from well? None How many feet? open field																				

FROM	TO	PLUGGING MATERIALS
0	3	Top soil
3	13	Cement
13	55	Sand

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 7/7/09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 238 This Water Well Record was completed on (mo/day/year) 7/8/09 under the business name of Premier Pump & Well Service, Inc by (signature) Emm W. Kuchinski
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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.