

1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction NW 1/4 SW 1/4 SW 1/4	Section Number 17	Township Number 26 SOUTH	Range Number 1 WEST																								
Distance and direction from nearest town or city street address of well if located within city? X 1/4 MILE NORTH OF MAIZE, KS																													
2 WATER WELL OWNER: CITY OF MAIZE RR#, St. Address, Box #: 123 KHEDIVE City, State, ZIP Code : MAIZE, KS 67101 Board of Agriculture, Division of Water Resources Application Number:																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1"><tr><td></td><td></td><td></td></tr><tr><td>N</td><td>W</td><td>N</td></tr><tr><td>W</td><td>X</td><td>E</td></tr><tr><td></td><td>S</td><td></td></tr></table>					N	W	N	W	X	E		S		4 DEPTH OF WELL 48.....ft. WELL'S STATIC WATER LEVEL 5.3.....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 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other..... 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															
N	W	N																											
W	X	E																											
	S																												
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 15.....in. Was casing pulled? Yes..... No X..... If yes, how much..... Casing height above or below land surface 36.....in.																													
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From 16..ft. to 14..ft., From 14..ft. to 3..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 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? NORTH..... How many feet? 20.....																													
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>48</td><td>16</td><td>COARSE SAND</td></tr><tr><td>16</td><td>14</td><td>BENTONITE CHIPS</td></tr><tr><td>14</td><td>3</td><td>CEMENT GROUT</td></tr><tr><td>3</td><td>0</td><td>TOP SOIL</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></tbody></table>			FROM	TO	PLUGGING MATERIALS	48	16	COARSE SAND	16	14	BENTONITE CHIPS	14	3	CEMENT GROUT	3	0	TOP SOIL										PLUGGING WITNESSED BY TIM BOESE EQUUS BEDS GMD#2		
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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) 5/4/98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. NA..... This Water Well Report was completed on (mo/day/year) 5/4/98 under the business name of WALTERS MORGAN CONSTRUCTION by (signature) Joseph P. Walters																													
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.																													