

1	LOCATION OF WATER WELL: County: <u>SEDGWICK</u>	Fraction <u>SE 1/4 NW 1/4 NE 1/4</u>	Section Number <u>19</u>	Township Number <u>26 S</u>	Range Number <u>1 W</u>
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Distance and direction from nearest town or city street address of well if located within city?

100 NORTH PARK, MAIZE

2 WATER WELL OWNER: CLIFF CALLAGHAN
 RR#, St. Address, Box #: 3840 S. 135TH WEST Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: WICHITA, KS 67226 Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

		N	
		X	
N	W	N	E
W			E
S	W	S	E
		S	

4 DEPTH OF WELL... 160 ft.
 WELL'S STATIC WATER LEVEL... 910 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.....
 If yes, mo/day/yr sample was submitted.....
 Water Well Disinfected: Yes..... No.....

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... 2 in. Was casing pulled? Yes... No...
 Casing height above or below land surface... FLUSH in. If yes, how much... 160

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....
 Grout Plug Intervals: From 160 ft. to 3 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
 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? NORTHWEST How many feet? ... 100

FROM	TO	PLUGGING MATERIALS
<u>160</u>	<u>3</u>	<u>BENTONITE GROUT</u>
<u>3</u>	<u>0</u>	<u>SOIL</u>

RECEIVED
 JUL 27 1998
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-3-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 524 This Water Well Record was completed on (mo/day/year) 7-13-98 under the business name of ALLIED LABORATORIES by (signature) [Signature]

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.