

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	NE 1/4 NE 8E 4	1	27	1W

Distance and direction from nearest town or city street address of well if located within city?
2044 W. 24TH ST N

2 WATER WELL OWNER: JEFF WATKINS	RR#, St. Address, Box #: 2044 W. 24TH ST N City, State, ZIP Code : WICHITA, KS 67204
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Board of Agriculture, Division of Water Resources
Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	4 DEPTH OF WELL..... 19ft. WELL'S STATIC WATER LEVEL..... 6ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... well was not in use for last 7 years 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
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N	
W	E
S	

N

E

W

S

X

5 TYPE OF BLANK CASING USED: SAND POINT PIPE	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.....in. Was casing pulled? Yes... No... If yes, how much.....
 Casing height above or ~~land~~ surface.....in. **N/A SANDPOINT WELL**

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... SAND	Grout Plug Intervals: 6 inches From.....ft. to.....ft., From.....ft. to.....ft., From..... to.....ft.
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What is the nearest source of possible contamination:

1 Septic tank
2 Sewer lines
3 Watertight sewer lines
4 Lateral lines
5 Cess Pool

6 Seepage pit
7 Pit privy
8 Sewage lagoon
9 Feedyard
10 Livestock pens

11 Fuel storage
12 Fertilizer storage
13 Insecticide storage
14 Abandoned water well
15 Oil well/Gas well

16 Other (specify below)
TERMITE TREATMENT

Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
19"	6"	SAND
6"	0	CEMENT

*** NOTE**

WELL WAS CAPPED EXACTLY ACCORDING TO DIRECTIONS GIVEN BY GARCIA WILLIAMS (LICENSED TERMITE INSPECTOR) HIRED BY [REDACTED] BUYERS TO DO TERMITE INSPECTION. MR. WILLIAMS GAVE INSTRUCTIONS ON 9-9-95 SATURDAY MORNING PRIOR TO WELL BEING CAPPED

Jeff Watkins

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:	This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/9/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) Jeffrey S. Watkins
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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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.