

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																																																			
County: Sedgwick	SE 1/4 NW 1/4 SW 1/4	16	T27S	R1W																																																			
Distance and direction from nearest town or city street address of well if located within city? two feet south of 8413 Murdock, Wichita, Kansas 67212																																																							
2 WATER WELL OWNER: Jana Dietz																																																							
RR#, St. Address, Box #:		8413 W. Murdock																																																					
City, State, ZIP Code :		Wichita, KS 67212																																																					
		Board of Agriculture, Division of Water Resources Application Number: Unknown																																																					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td>N</td><td>W</td><td>N</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td></td><td></td><td>E</td></tr> <tr><td></td><td>X</td><td></td><td></td><td></td></tr> <tr><td></td><td>S</td><td>W</td><td>S</td><td>E</td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> S							N	W	N	E						W				E		X					S	W	S	E											4 DEPTH OF WELL.....20.....ft. WELL'S STATIC WATER LEVEL...dry.....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>XX 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. <u>X</u> . If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No. <u>X</u> dry hole			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	XX Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED:																																																							
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6 GROUT PLUG MATERIAL: 1 Neat cement <u>X</u> Cement grout 3 Bentonite 4 Other.....																																																							
Grout Plug Intervals: From 6...ft. to 2.5...ft., From.....ft. toft., From..... to.....ft.																																																							
What is the nearest source of possible contamination:																																																							
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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).....1/10/99..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.628..... This Water Well Record was completed on (mo/day/year).....1/12/99..... under the business name of JMS Enterprises by (signature)Jana M. Dietz.....																																																							
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.																																																							