

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>Sedgewick</u>	<u>NW 1/4 NW 1/4 NW 1/4</u>	<u>27</u>	<u>27 S</u>	<u>1 W</u>

Distance and direction from nearest town or city street address of well if located within city?

Maple Ridge Rd, Wichita KS

2	WATER WELL OWNER: <u>Sumner Bank</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>PO Box 2898</u>	Application Number:
	City, State, ZIP Code: <u>Wichita, KS</u>	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>25</u> ft
		WELL'S STATIC WATER LEVEL <u>NA</u> 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 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other <u>SUE</u>	
Was a chemical / bacteriological sample submitted to Department? Yes <u>SE</u> No <u>✓</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>✓</u>			

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>4</u> in. Was casing pulled? Yes <u>✓</u> No _____ If yes, how much <u>354</u> in. Casing height above or below land surface _____ in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other _____ Grout Plug Intervals: From <u>0</u> ft. to <u>3</u> ft., From <u>3</u> ft. to <u>25</u> ft., From _____ to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 15 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage <u>contaminated site</u> 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? _____ How many feet? _____
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FROM	TO	PLUGGING MATERIALS
0	3	soils (1.2sf3)
3	25	bentonite (1.94sf3)

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5/3/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>585</u> This Water Well Record was completed on (mo/day/year) <u>7/11/00</u> by (signature) <u>[Signature]</u> under the business name of _____
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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: 785/296-3565. Send one to Water Well Owner and retain one for your records.