

No Tag

1	LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section Number <u>25</u>	Township Number <u>27 S</u>	Range Number <u>1 W</u>																								
Distance and direction from nearest town or city street address of well if located within city? <u>ANR Freight System 3402 W. Harry, Wichita, KS</u>																													
2	WATER WELL OWNER: <u>MW-3</u> RR #, St. Address, Box #: City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:																												
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N W E S <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> N E S E <u>X</u>																												
4	DEPTH OF WELL <u>18</u> ft WELL'S STATIC WATER LEVEL <u>13</u> ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply <u>10 Monitoring Well</u> 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other 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>																												
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 in. Was casing pulled? Yes <u>X</u> No If yes, how much <u>18'</u> Casing height above or below land surface in.																												
6	GROUT PLUG MATERIAL: 1 Neat cement <u>2 Cement grout</u> 3 Bentonite 4 Other Grout Plug Intervals: From ft. to ft., From ft. to ft., From ft. 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 <u>13 Insecticide storage</u> 3 Watertight sewer lines 8 Sewage lagoon <u>14 Abandoned water well</u> 4 Lateral lines 9 Feedyard 15 Oil well/Gas well 5 Cess Pool 10 Livestock pens Direction from well? How many feet?																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td><u>18</u></td> <td><u>3</u></td> <td><u>Grout / Bentonite</u></td> </tr> <tr> <td><u>3</u></td> <td><u>0</u></td> <td><u>Soil</u></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> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	<u>18</u>	<u>3</u>	<u>Grout / Bentonite</u>	<u>3</u>	<u>0</u>	<u>Soil</u>															
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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) <u>12/13/00</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>614</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>Maxim Technologies</u> by (signature) <u>William Stafford</u>																												
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.																													