

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: SEDGWICK	SE 1/4 NE 1/4 NE 1/4	16	T 27 S	R 1 W																								
Distance and direction from nearest town or city street address of well if located within city? basement 7603 W 11th St Wichita, KS 67212																													
2	WATER WELL OWNER: Ruby Holt 7603 W 11th St RR #, St. Address, Box #: Wichita, KS 67212 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:		4 DEPTH OF WELL 18 ft																										
N <table border="1" style="width: 100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%; text-align: center;">X</td> <td style="width: 25%;">NE</td> <td style="width: 25%;"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> <td></td> </tr> </table> W E S			NW	X	NE										SW		SE		WELL'S STATIC WATER LEVEL 14 ft.										
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WELL WAS USED AS:																													
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Was a chemical / bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X No																													
5	TYPE OF BLANK CASING USED:																												
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																												
Grout Plug Intervals: From 18 ft. to 0 ft., From ft. to ft., 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) 11/12/01 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) 11/12/01 under the business name of James M... by (signature) <i>[Signature]</i>																												
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.																													