

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: SEDGWICK	NE 1/4 SW 1/4 NE 1/4	12	T 27 S	R 1 W																											
Distance and direction from nearest town or city street address of well if located within city? basement - 2011 NW McLean, Wichita KS 67203																																
2	WATER WELL OWNER: Leo & Violet Smoot 40 Connie Coffer 2011 NW McLean Wichita KS 67204																															
RR #, St. Address, Box #: City, State, ZIP Code :		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: 100px; margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td>N W</td><td style="text-align: center;">X</td><td>N E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>W</td><td></td><td>E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S W</td><td></td><td>S E</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td>S</td><td></td><td></td></tr> </table>					N W	X	N E				W		E				S W		S E							S			WELL'S STATIC WATER LEVEL 10 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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Blank casing diameter 2 in. Was casing pulled? Yes No X If yes, how much Casing height above or below land surface -0- in.																																
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other																															
Grout Plug Intervals: From 10 ft. to 0 ft., From ft. to ft., From ft. 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) 6/15/02 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) 6/15/02 under the business name of Parent Enterprises 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.																																