

1	LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NW NW</u> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <u>12</u>	Township Number <u>25</u>	Range Number <u>12</u>																					
Distance and direction from nearest town or city street address of well if located within city: <u>2028 N. Kessler</u>																										
2	WATER WELL OWNER: <u>Michelle Bassell</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>X</td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>								X																	
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4	DEPTH OF WELL <u>35</u> ft. WELL'S STATIC WATER LEVEL <u>10</u> ft. WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 8 Air Conditioning 9 Dewatering 10 Monitoring Well 11 Injection Well 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 <u>X</u> No _____																									
5	TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below) _____ Blank casing diameter _____ in. Was casing pulled? Yes _____ No <u>X</u> If yes, how much _____ Casing height above or below land surface <u>5</u> in. <u>36</u> in.																									
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____ Grout Plug Intervals: From <u>0</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft. What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) _____ Direction from well? <u>North</u> How many feet? <u>10</u>																									
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-15-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/year) <u>8-15-03</u> under the business name of <u>Wilmington Drilling Inc</u> by (signature) _____																									
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.																										