

ID No. **MW-1**

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																				
County: Sedgwick		SW 1/4 NE 1/4 NE 1/4	35	27S	1W																																				
Distance and direction from nearest town or city street address of well if located within city? 400' SW of Bounous and Nevada, Wichita, Kansas																																									
2 WATER WELL OWNER: Greene and Liebau		Board of Agriculture, Division of Water Resources																																							
RR#, St. Address, Box # 4225 Bounous Street		Application Number:																																							
City, State, ZIP Code : Wichita, Kansas 67209																																									
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 30 ft.																																							
N W E S X		WELL'S STATIC WATER LEVEL 14 ft.																																							
		WELL WAS USED AS:																																							
		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden (domestic) 8 Air Conditioning 9 Dewatering 10 <u>Monitoring Well</u> 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 ___ No <u>X</u>																																							
5 TYPE OF BLANK CASING USED:																																									
1 Steel 2 <u>PVC</u> Blank casing diameter 4 in. 3 RMP (SR) 4 ABC Was casing pulled? Yes <u>X</u> No ___ 5 Wrought 6 Asbestos-Cement If yes, how much 8' 7 Fiberglass 8 Concrete Tile 9 Other (specify below)																																									
Casing height above or below land surface 24 in.																																									
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <u>3 Bentonite</u> 4 Other																																									
Grout Plug Intervals From 1 ft. to 20 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 <u>Other (specify below)</u> Industry																																									
Direction from well? East How many feet? 100'																																									
<table border="1"><thead><tr><th>FROM</th><th>TO</th><th>CODE</th><th>PLUGGING MATERIALS</th></tr></thead><tbody><tr><td>0</td><td>1</td><td></td><td>Native topsoil</td></tr><tr><td>1</td><td>20</td><td></td><td>Hydrated bentonite chips</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						FROM	TO	CODE	PLUGGING MATERIALS	0	1		Native topsoil	1	20		Hydrated bentonite chips																								
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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/yr) 8/4/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 416 This Water Well Record was completed on (mo/day/yr) 8/26/04 under the business name of Terracon by (signature) <i>[Signature]</i>																																									
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.																																									