

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																				
County: Sedgwick	NE 1/4 SE 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 Esthner and West, Wichita, Kansas																								
2 WATER WELL OWNER: Greene and Liebau																								
RR#, St. Address, Box # 4225 Bounous Street																								
City, State, ZIP Code : Wichita, Kansas 67209																								
Board of Agriculture, Division of Water Resources Application Number:																								
3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:		4 DEPTH OF WELL 25 ft.																						
N <table border="1" style="margin: auto; border-collapse: collapse;"><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">NW</td><td style="width: 50px; height: 50px; text-align: center;">NE</td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px; text-align: center;">X</td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr><tr><td style="width: 50px; height: 50px; text-align: center;">SW</td><td style="width: 50px; height: 50px; text-align: center;">SE</td></tr><tr><td style="width: 50px; height: 50px;"></td><td style="width: 50px; height: 50px;"></td></tr></table> S				NW	NE		X			SW	SE			WELL'S STATIC WATER LEVEL 15 ft.										
		NW	NE																					
			X																					
SW	SE																							
WELL WAS USED AS:																								
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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)																								
2 PVC 4 ABC 6 Asbestos-Cement 8 Concrete Tile																								
Blank casing diameter 2 in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much 25'																								
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 2 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.																								
What is the nearest source of possible contamination:																								
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Direction from well? North How many feet? 200'																								
FROM	TO	CODE	PLUGGING MATERIALS																					
0	2		Native topsoil																					
2	20		Hydrated bentonite chips																					
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.																								

RECEIVED

AUG 30 2004

BUREAU OF WATER