

1	LOCATION OF WATER WELL: County: Sedgwick	Fraction SW $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 25	Township Number 27	Range Number 1
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Distance and direction from nearest town or city street address of well if located within city?

325 S. West, Wichita, Ks

WEST

2	WATER WELL OWNER: Star Lumber
RR #, St. Address, Box #: 325 S. West	
City, State, ZIP Code: Wichita, Ks	
Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 19 ft. WELL'S STATIC WATER LEVEL 16.33 ft. WELL WAS USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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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 No **X**.....

5	TYPE OF BLANK CASING USED:										
<table border="0"> <tr> <td>1 Steel</td> <td>3 RMP (SR)</td> <td>5 Wrought</td> <td>7 Fiberglass</td> <td>9 Other (Specify below)</td> </tr> <tr> <td>2 PVC</td> <td>4 ABS</td> <td>6 Asbestos-Cement</td> <td>8 Concrete Tile</td> <td></td> </tr> </table>		1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	
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Blank casing diameter 2 in. Was casing pulled? Yes X No If yes, how much 19 in.											
Casing height above or below land surface											

6	GROUT PLUG MATERIAL:																				
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Grout Plug Intervals: From 19 ft. to 3' ft., From 3 ft. to GS ft., From to ft.																					
What is the nearest source of possible contamination:																					
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Direction from well? How many feet?																					

FROM	TO	PLUGGING MATERIALS
0	3	Surface Silt and Clays
19	3	Bentonite

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/15/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/year) 10/27/04 under the business name of Associated Environmental, Inc. by (signature) Darin Duncan
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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, 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.