

1 LOCATION OF WATER WELL: County: <u>Sedgewick</u> <u>NE 1/4 NW 1/4 NE 1/4</u>	Fraction	Section Number <u>8</u>	Township Number <u>27 S</u>	Range Number <u>1 W</u>																				
Distance and direction from nearest town or city street address of well if located within city? <u>9140 Harvest Ln, Wichita, KS</u>																								
2 WATER WELL OWNER: <u>Karen Vanskike</u> RR #, St. Address, Box #: <u>9140 Harvest Ln</u> City, State, ZIP Code: <u>Wichita, KS 67654</u>																								
Board of Agriculture, Division of Water Resources Application Number: _____																								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF WELL <u>50</u> ft. WELL'S STATIC WATER LEVEL <u>30</u> ft. WELL WAS USED AS: <table style="width:100%; border: none;"> <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 <u>Domestic (Lawn & Garden)</u></td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> 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				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 <u>Domestic (Lawn & Garden)</u>	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other								
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5 TYPE OF BLANK CASING USED: 1 <u>Steel</u> 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile																								
Blank casing diameter <u>5</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much <u>1</u> in. Casing height above or below land surface in. <u>Top 3 ft</u>																								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other Grout Plug Intervals: From <u>3</u> ft. to <u>50</u> ft., From ft. to ft., From to ft.																								
What is the nearest source of possible contamination: <table style="width:100%; border: none;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 <u>Sewer lines</u></td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td></td> </tr> <tr> <td>3 <u>Watertight sewer lines</u></td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well? <u>South</u> How many feet? <u>10'</u>					1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 <u>Sewer lines</u>	7 Pit privy	12 Fertilizer storage		3 <u>Watertight sewer lines</u>	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess Pool	10 Livestock pens	15 Oil well/Gas well	
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FROM	TO	PLUGGING MATERIALS																						
		<u>plugged w/ Bentonite</u>																						
		<u>top to bottom</u>																						
		<u>pipe cut off 3' below surface</u>																						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-4-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>611</u> This Water Well Record was completed on (mo/day/year) by (signature) <u>W. Chase</u> under the business name of <u>Chase Drilling</u>																								
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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.																								