

1 LOCATION OF WATER WELL: Fraction SW NE Section 36 Township 27S Range 1 Number EW
 County: Sedgwick

Distance and direction from nearest town or city street address of well if located within city?

1917 S. St. Paul

2 WATER WELL OWNER: Pedro Rodriguez
 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	
NW	NE
W	E
SW	SE
S	

4 DEPTH OF WELL 40 ft.
 WELL'S STATIC WATER LEVEL 10 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 ☒
 If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected: Yes ☒ No _____

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)
☒ 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile _____
 Blank casing diameter 5 in. Was casing pulled? Yes _____ No _____ If yes, how much _____
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other _____
 Grout Plug Intervals: From 10 ft. to 20 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 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
 Direction from well? _____ How many feet? _____

FROM	TO	PLUGGING MATERIALS
0	3	T.S.
3	20	BENTONITE
20	40	GRAVEL

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9/14/00 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 540
 This Water Well Record was completed on (mo/day/year) _____
 by (signature) Weninger Drilling Inc.
 under the business name of _____
 by (signature) Michael

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.