

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County:	Sedgwick	SE 1/4 SW 1/4 NW 1/4	31		T 27 S		R 1 E	(W)

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

Approximately 1/8 mile southeast of the intersection of Dora Street and 119th Street in Wichita

2	WATER WELL OWNER: City of Goddard 118 N. Main RR#, St. Address, Box # P.O. Box 667 City, State, ZIP Code Goddard, KS 67052	Board of Agriculture, Division of Water Resources Application Number: 30,352
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 137.50 ft WELL'S STATIC WATER LEVEL 30.81 ft. WELL WAS USED AS: 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 Was a chemical / bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes ☒ No _____
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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 12 in. Was casing pulled? Yes No ☒ Casing height above or below land surface 72 in. If yes, how much _____
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6	GROUT PLUG MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite 4 Other Bentonite Holeplug Grout Plug Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft. From 31 ft. to 6 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 None known 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? _____
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FROM	TO	PLUGGING MATERIALS
137.50	31	Chlorinated Sand
31	6	Bentonite Holeplug
6	0	Compacted Soil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 01-17-07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 1-23-07 under the business name of Clarke Well & Equipment, Inc. by (signature) <i>Clarke Well & Equipment, Inc.</i>
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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 & Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.