

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	ne 1/4 se 1/4 sw 1/4	26	27s	1w E/W

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

1445 S Bebe**2 WATER WELL OWNER: Charlotte Earleen**RR#, St. Address, Box #: **1445 S Bebe**City, State, ZIP Code: **Wichita, Ks 67235****Global Positioning System** (decimal degrees, min. of 4 digits)

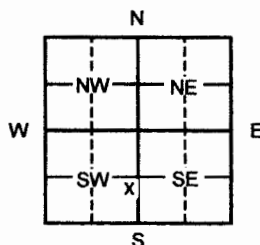
Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**4 DEPTH OF WELL 22 ft.**WELL'S STATIC WATER LEVEL **11** ft**WELL WAS USED AS:**

- | | | |
|--------------|----------------------------|-------------------|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring |
| 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 **x****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 **1 1/4** in. Was casing pulled? Yes **x** No ___ If yes, how much **6ft**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 **22** ft. to **0** ft., From _____ ft. to _____ ft., From _____ 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 | Direction from well? East |
| 5 Cess pool | 10 Livestock pens | 15 Oil well/Gas well | How many feet? 15ft |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
22	0	Cement Grout			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **10-19-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **740**. This Water Well Record was completed on (mo/day/year) **11-10-07** under the business name of **Weninger Drilling Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.