

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	Sedgwick	NW NW NW		32	27S		2	
County:		1/4 1/4 1/4						

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

2	WATER WELL OWNER:	RR #, St. Address, Box #: City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:
	Rex Harrington		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ft. WELL'S STATIC WATER LEVEL 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 2 PVC 3 RMP (SR) 4 ABS 5 Wrought 6 Asbestos-Cement 7 Fiberglass 8 Concrete Tile 9 Other (Specify below)
	Blank casing diameter in. Was casing pulled? Yes ☒ No If yes, how much
	Casing height above or below land surface in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other
	GROUT PLUG INTERVALS:	From ft. to ft.,	From ft. to ft.,	From ft. to ft.,	From ft. to ft.,
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)					
Direction from well? east How many feet? 30					

FROM	TO	PLUGGING MATERIALS
50	18	gravel
18		cement

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10-29-03 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's license No. 318 under the business name of Weninger Drilling Inc. by (signature) [Signature]
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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.