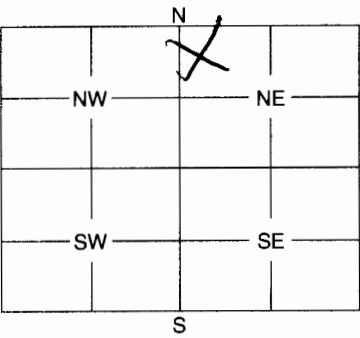


1	LOCATION OF WATER WELL: County: <u>Sedgwick</u> Fraction <u>NW</u> <u>NW</u> <u>NE</u> Section Number <u>24</u> Township Number <u>27S</u> Range Number <u>2W</u> <u>EW</u>
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Distance and direction from nearest town or city street address of well if located within city?

See below

2	WATER WELL OWNER: <u>Susantush</u> RR #, St. Address, Box #: <u>639 N. Wheatland Place</u> City, State, ZIP Code: <u>Wichita, KS 67235</u> Application Number: _____
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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>18</u> ft. WELL WAS USED AS: <table border="0"> <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 Domestic (Lawn & Garden)</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 Domestic (Lawn & Garden)	☐ 11 Injection Well	☐ 4 Industrial	☐ 8 Air Conditioning	☐ 12 Other
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5	TYPE OF BLANK CASING USED: <table border="0"> <tr> <td>☒ 1 Steel</td> <td>☐ 3 RMP (SR)</td> <td>☐ 5 Wrought</td> <td>☐ 7 Fiberglass</td> <td>☐ 9 Other (Specify below)</td> </tr> <tr> <td>☐ 2 PVC</td> <td>☐ 4 ABS</td> <td>☐ 6 Asbestos-Cement</td> <td>☐ 8 Concrete Tile</td> <td></td> </tr> </table> Blank casing diameter in. Was casing pulled? Yes ☒ <u>X</u> No If yes, how much Casing height above or below land surface <u>5</u> in. <u>30</u>	☒ 1 Steel	☐ 3 RMP (SR)	☐ 5 Wrought	☐ 7 Fiberglass	☐ 9 Other (Specify below)	☐ 2 PVC	☐ 4 ABS	☐ 6 Asbestos-Cement	☐ 8 Concrete Tile	
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6	GROUT PLUG MATERIAL: ☒ 1 Near cement ☒ 2 Cement grout ☐ 3 Bentonite ☐ 4 Other Grout Plug Intervals: From <u>18</u> ft. to <u>3</u> ft., From ft. to ft., From to ft. What is the nearest source of possible contamination: <table border="0"> <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 Sewer lines</td> <td>☐ 7 Pit privy</td> <td>☐ 12 Fertilizer storage</td> <td></td> </tr> <tr> <td>☐ 3 Watertight sewer lines</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>west</u> How many feet? <u>60</u>	☒ 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	
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FROM	TO	PLUGGING MATERIALS
<u>50</u>	<u>18</u>	<u>gravel</u>
<u>18</u>	<u>3</u>	<u>Cement</u>
<u>3</u>	<u>0</u>	<u>topsoil</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-10-03</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>318</u> This Water Well Record was completed on (mo/day/year) <u>9-10-03</u> under the business name of <u>Wenig Plumbing</u> by (signature) <u>Michael Grogg</u>
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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.