

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: <u>Sedgwick</u>	<u>SE SE SE E</u> 1/4 1/4 1/4	<u>33</u>		<u>27S</u>	<u>2W</u>	<u>EW</u>	

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

2	WATER WELL OWNER: <u>Jim Steele</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #:	Application Number:
	City, State, ZIP Code :	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>30</u> ft.																	
	N <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>NW</td> <td></td> <td>NE</td> </tr> <tr> <td>W</td> <td></td> <td>E</td> </tr> <tr> <td>SW</td> <td></td> <td>SE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> S				NW		NE	W		E	SW		SE							WELL'S STATIC WATER LEVEL <u>8</u> 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
NW		NE																		
W		E																		
SW		SE																		

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>Styrene</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter <u>6</u> 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 <u>8</u> ft. to <u>30</u> 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) <u>Inside house</u> 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
30	8	gravel
8	0	Cement

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>5-7-04</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>5-7-04</u> under the business name of <u>Waninger Drilling Inc.</u> by (signature) <u>Michelle Corp</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.