

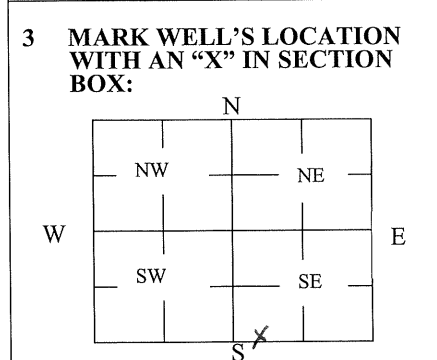
1 LOCATION OF WATER WELL: County: SEDGWICK	Fraction SE 1/4 SW 1/4 SW 1/4 SE 1/4	Section Number 24	Township Number T 27 S	Range Number 2 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here

Global Positioning Systems (GPS) information:
 Latitude: 37.67964 (in decimal degrees)
 Longitude: -97.48816 (in decimal degrees)
 Elevation: _____
 Horizontal Datum: WGS84, NAD83, NAD27
 Collection Method: _____

2 WATER WELL OWNER: STEVE BORCHERS
 RR#, St. Address, Box #: **261 S. BREEZY POINTE CT**
 City, State ZIP Code: **WICHITA, KS 67235**

GPS unit (Make/Model: I-PHONE)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: < 3 m, 3-5 m, 5-15 m, > 15 m



4 DEPTH OF WELL 65 ft.
 WELL'S STATIC WATER LEVEL 28 ft.
 WELL WAS USED AS:

<input type="checkbox"/> Domestic	<input type="checkbox"/> Public Water Supply	<input type="checkbox"/> Dewatering
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Oil Field Water Supply	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Feedlot	<input checked="" type="checkbox"/> Domestic (Lawn & Garden)	<input type="checkbox"/> Injection Well
<input type="checkbox"/> Industrial	<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Other _____

Was a chemical/bacteriological sample submitted to Department? Yes No

5 TYPE OF BLANK CASING USED:

<input type="checkbox"/> Steel	<input type="checkbox"/> RMP (SR)	<input type="checkbox"/> Wrought	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (Specify below) _____
<input checked="" type="checkbox"/> PVC	<input type="checkbox"/> ABS	<input type="checkbox"/> Asbestos-Cement	<input type="checkbox"/> Concrete Tile	

Blank casing diameter 5 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36" below in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 3 ft. to 30 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

<input type="checkbox"/> Septic tank	<input type="checkbox"/> Seepage pit	<input type="checkbox"/> Fuel storage	<input type="checkbox"/> Other (specify below) _____
<input type="checkbox"/> Sewer lines	<input type="checkbox"/> Pit privy	<input type="checkbox"/> Fertilizer storage	
<input checked="" type="checkbox"/> Watertight sewer lines	<input type="checkbox"/> Sewage lagoon	<input type="checkbox"/> Insecticide storage	
<input type="checkbox"/> Lateral lines	<input type="checkbox"/> Feedyard	<input type="checkbox"/> Abandoned water well	Direction from well? <u>SOUTH</u>
<input type="checkbox"/> Cess pool	<input type="checkbox"/> Livestock pens	<input type="checkbox"/> Oil well/Gas well	How many feet? <u>70'+</u>

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	COMPACTED CLAY			
3	30	BENTONITE			
30	65	CHLORINATED WELL GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-22-2024 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/year) 3-27-2024 under the business name of HARP WELL & PUMP SERVICE, INC by (signature) Todd S. Harp

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.

#14

PLUGS
23-24