

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	<u>Sedgwick</u>	<u>SW 1/4 SE 1/4 SE 1/4</u>	<u>30</u>	<u>27 S</u>	<u>3 W</u>

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

In Garden Plain, KS - 29922 W. Harry Garden Plain KS

2	WATER WELL OWNER:	<u>Ann Zoglman</u>	<u>mw1</u>
	RR #, St. Address, Box #:	<u>1450 N. Clarence #203</u>	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	<u>Wichita KS</u>	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>30</u> ft
		WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 <u>Monitoring Well</u> 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 <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No <u>X</u>			

5	TYPE OF BLANK CASING USED:
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>2 PVC</u> 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter <u>2</u> in. Was casing pulled? Yes <u>X</u> No _____ If yes, how much <u>30</u> in. Casing height above or below land surface _____ in.

6	GROUT PLUG MATERIAL:	<u>1 Neat cement</u>	2 Cement grout	<u>3 Bentonite</u>	4 Other _____
	Grout Plug Intervals:	From <u>1</u> 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 6 Seepage pit 11 <u>Fuel storage (former)</u> 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				
	Direction from well? _____ How many feet? _____				

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>1</u>	<u>Topsoil</u>
<u>1</u>	<u>20</u>	<u>Neat Cement / Bentonite</u>
<u>20</u>	<u>30</u>	<u>Bentonite</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>12/29/94</u> and this record is true to the best of my knowledge and belief. Kansas
	Water Well Contractor's License No. <u>#550 602</u> This Water Well Record was completed on (mo/day/year) <u>1/3/95</u>
	by (signature) <u>[Signature]</u> under the business name of <u>Hydrologic</u>

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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.