

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Sedgwick	NW 1/4 SE 1/4 NE 1/4	11	28	01 W

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

125 ft. S & 30 ft. E of Bolin Drive and Sabin Street, Wichita

2 WATER WELL OWNER:	Jim Fouts	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #	PO Box 530	Application Number:
City, State, ZIP Code	Goddard, KS 67052	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 30.1 ft.																		
N <table border="1"> <tr> <td>NW</td> <td>NE</td> </tr> <tr> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>SW</td> <td>SE</td> </tr> </table> S W E	NW	NE		X	SW	SE	WELL'S STATIC WATER LEVEL 12.8 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 Lawn and Garden (domestic)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other Unknown</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden (domestic)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other Unknown
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Was a chemical/bacteriological sample submitted to Department? Yes _____ No X																			
If yes, mo/day/yr sample was submitted _____																			
Water Well Disinfected: Yes _____ No X																			

5 TYPE OF BLANK CASING USED:	9 Other (specify below)
1 Steel	1" thick concrete casing
2 PVC	
3 RMP (SR)	
4 ABC	
5 Wrought	
6 Asbestos-Cement	
7 Fiberglass	
8 Concrete Tile	
Blank casing diameter 16 in.	Was casing pulled? Yes _____ No X If yes, how much _____
Casing height above or below land surface 36 in.	

6 GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	3 Bentonite	4 Other _____
Grout Plug Intervals	From 3 ft. to 30.1 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)	
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	CODE	PLUGGING MATERIALS
0	0.25		Concrete
0.25	3		Soil
3	30.1		Cement Grout

Per Don Taylor on 6/27/05,
break off to 3 ft. below grade
and plug.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) 6-28-05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 7-5-05 under the business name of Geotechnical Services, Inc. by (signature) <i>[Signature]</i>
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.