

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: SEDGWICK	NW/4 SE/4 SW4	33	26	1-E

Distance and direction from nearest town or city street address of well if located within city?
3050 NORTH ST. FRANCIS WICHITA, KS 67219

2	WATER WELL OWNER:	COLEMAN CO INC	2111 E. 37th ST NORTH
	RR#, St. Address, Box #:	WICHITA, KS 67219	
	City, State, ZIP Code :	Board of Agriculture, Division of Water Resources Application Number:	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 150px; border-collapse: collapse; position: relative;"> <tr><td colspan="4"></td></tr> <tr><td colspan="2" style="text-align: center;">N W</td><td colspan="2" style="text-align: center;">N E</td></tr> <tr><td colspan="4"></td></tr> <tr><td colspan="2" style="text-align: center;">S W</td><td colspan="2" style="text-align: center;">S E</td></tr> <tr><td colspan="4"></td></tr> </table> <div style="text-align: center;">S</div>					N W		N E						S W		S E					
N W		N E																			
S W		S E																			

4	DEPTH OF WELL..... 23ft. WELL'S STATIC WATER LEVEL.....ft. WELL WAS USED AS: <div style="display: flex; justify-content: space-between;"> <div> 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial </div> <div> 5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning </div> <div> 9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other..... </div> </div> Was a chemical/bacteriological sample submitted to Department? Yes....No.... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes..... No.....
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5	TYPE OF BLANK CASING USED: <div style="display: flex; justify-content: space-between;"> <div> 1 Steel 2 PVC </div> <div> 3 RMP (SR) 4 ABS </div> <div> 5 Wrought 6 Asbestos-Cement </div> <div> 7 Fiberglass 8 Concrete Tile </div> <div> 9 Other (specify below) </div> </div> Blank casing diameter. 2in. Was casing pulled? Yes.. 2 .. No..... If yes, how much.... 10 Casing height above or below land surface.....in.
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6	GROUT PLUG MATERIAL: X1 Neat cement 2 Cement grout X3 Bentonite 4 Other..... Grout Plug Intervals: From 20 ..ft. to 0 ..ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <div style="display: flex; justify-content: space-between;"> <div> 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool </div> <div> 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens </div> <div> 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well </div> <div> 16 Other (specify below) </div> </div> Direction from well? north How many feet? 65
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FROM	TO	PLUGGING MATERIALS
20	0	NEAT CEMENT W/6% BENTONITE
		PLACED VIA TREMIE
		REMOVED SREEN & CASING

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... 2-24-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 575 This Water Well Record was completed on (mo/day/year) 3-8-99 under the business name of KURTZ ENVIRONMENTAL SERVICE by (signature) <i>[Signature]</i>
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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, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.