1 LOCATION OF WATER WELL: County: Sedgwick			Fraction	Section Number	Township Number 26	Range Number 1EAST
Distance and direction from nearest town or city street address of well if located within city?						
NW						
2 WATER	WELL OWNER	· M. Schu	ler			
RR#, St. Address, Box #: 4855 Sullivan City, State, ZIP Code : Wichita, Ks 67204  Board of Agriculture, Division of Water Resources Application Number:						
3 MARK W	MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.					
An A	N SECTIO	N BOX.	WELL'S STATIC WATE	R LEVEL	ft.	
X			WELL WAS USED AS:			
\n	'w	N_E	1 Domestic	5 Public Water Sup		
			2 #rigation 3 Feedlot	6 Oil Field Water : 7 Lawn and Garden :	Only 11 Injection	Well
W			4 Industrial	8 Air Conditioning	12 Other	
	<b>U</b>	S E	Was a chemical/bacte	eriological sample s	ubmitted to Departmen	nt? YesNosz
S W————————————————————————————————————						X
Water Well Disinfected: Yes NoX						
S						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile1表.SANDPOINT						
Blank casing diameterin. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surface84*						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.						
What is the mearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer stores 13 Insecticide store	ge	
4 La	teral line	s	9 Feedyard	14 Abandoned water w 15 Oil well/Gas well	well	
Direction from well? SOUTH						
FROM TO PLL			IGGING MATERIALS			
36'	8'	SANI	<b>\</b>			
8'	6'			_		
			FLOOR LEVEL	_		
		BASEMEN	(T			
				_		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 9-23-03						
l llegge Hell Company hands lineage No. 1/00 This Hages Hell Company was sempleged on American (see						
by (signature)						
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.						