1 LOCATION OF WATE	D WELL:	Fraction	Soction Number	Township Number	Rango Number
		Fraction	Section Number	Township Number 265	Range Number
, och ter					
Distance and direction from nearest town or city street address of well if located within city?  801 E. 37th St. N. in Wichita, KS					
2 WATER WELLOWNER: NEW Coleman Holdings VEW-1E					
RR #, St. Address, Box #: 35 E. 62 nd 5+1  City, State, ZIP Code: New York, NY 100 Z  Board of Agriculture, Division of Water Resources Application Number:					
3 MARK WELL'S LOCAT	TION WITH	4 DEPTH OF WELL			
AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL					
		WELL WAS USED AS:			
N W	_ N E	1 Domestic	5 Public Water Supp	ly 9 Dewat	ering
		2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &	oply 10 Monito	oring Well on Well
W	E	4 Industrial	8 Air Conditioning	12 Other	Ugger Extraction
S W S E   Was a chemical / bacteriological sample submitted to Department?Yes					
If yes, mo/day/yr sample was submitted					
S		Water Well Disinfected:	Yes No		
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
© PVO 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>	16 Other (sp	ecify below)
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide store	ige	
4 Lateral lines 5 Cess Pool		9 Feedyard 10 Livestock pens	14 Abandoned wate		
Direction from well? 50 u+h How many feet? 90					
.5 15.5	Portla	d Cenient			
					12 (12) 14 (12)
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Water Well Contractor's License No					
by (signature) Saless Halle of					
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.					