1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range	
	Number
occidence.	
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 52-VMR-24-I+5	
RR #, St. Address, Box #: 35 E. 62 nd St.  City, State, ZIP Code: New York, NY 100 Z Board of Agriculture, Division of Water Resources  Application Number:	
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL	
WELL'S STATIC WATER LEVEL ft.	
WELL WAS USED AS:  N W N E 1 Domestic 5 Public Water Supply 9 Dewatering	
W E 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 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	<u>K</u>
Water Well Disinfected: Yes No	
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 Tile	
Casing height above or below land surface in.	
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout Plug Intervals: From	f
What is the nearest source of possible contamination:  1 <u>Septic</u> 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? Sout \ How many feet? 90	
FROM TO PLUGGING MATERIALS	
-5 13 Portland Coment	
.5 13 Portland Cement .5 7 Portland Cement	
To the total and	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was con	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was con on (mo/day/year) and this record is true to the best of my knowledge and belief.  Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.  This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.  This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.  This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.  This Water Well Record was completed on (mo/day/year) and this record is true to the best of my knowledge and belief.	ay/year)

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.