1 100477	ON OF HATER HELL.	Facation	Section Number	Taumahin Numban	Danga Number	
l l	ON OF WATER WELL:	Fraction		Township Number	Range Number	
County:	SEDGWICK	SE 1/4 NW1/4 NE1/4/		21	1 EAST	
Distance and direction from nearest town or city street address of well if located within city?  1518 W 2014 WICHITA KS 67203						
2 WATER WELL OWNER: Shawn Kordonowy						
S Mark Policional						
RR#, St. Address, Box #: 1518 W 20th City, State, ZIP Code: Wichita KS 67203 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVELft.						
	WELL WAS USED AS:					
N	N W N E 1 Domestic 5 Public Water Supply 9 Dewatering					
	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well					
w		E 4 Industrial				
"	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. X If yes, mo/day/yr sample was submitted					
ļ L	Water Well Disinfected: Yes No.X.					
S						
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						
Blank casing diameter5.3/8in. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. 27.ft. toOft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Se	wer lines tertight sewer lines	7 Pit privy	12 Fertilizer storag 13 Insecticide stora	je	,	
4 La	teral lines	9 Feedyard	14 Abandoned water w	vell		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?						
FROM	-	UGGING MATERIALS				
22	0 5/100	CEMENT				
16	t /					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed						
on (mo/day/year).0.5.7.06.7., 27., 1495 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No						
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,						
underline	or circle the correct	answers. Send top thre	e copies to Kansas D	epartment of Health a	nd Environment,	
Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.						