1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: S	edow	icK	NE 14 NE 14 NE 14	-3/	27	12	
Distance and direction from nearest town or city street address of well if located within city?							
1518 S. Martinson, Wichita, Kansas, 2 WATER WELL OWNER: Edgar D. HOFFMan							
RR#, St. Address, Box #: 1518 5, Martinson Board of Agriculture, Division of Water Resources							
City, State, ZIP Code: Wickita, KS, 67213 Application Number:							
3 MARK WI	ELL'S LOCA	TION WITH			ft. 24'		
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL							
on Patio on east well was used as:							
N N	W	N E	1 Domestic	5 Public Water Sup	ply 9 Dewatering	3	
Sia	e of	the no	Domestic Irrigation Feedlot	6 Oil Field Water	Supply 10 Monitoring	-	
w			E 4 Industrial	8 Air Conditioning			
S W————————————————————————————————————							
If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes							
s do la de la desarra de la constante de la co							
5 TYPE OF BLANK CASING USED: Not a Cased Well Sandpoint driven							
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 diameter. NONC.in. Was casing pulled? YesNo If yes, how muchin.							
6 GROUT PLUG MATERIAL: 1 Negt cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From 24 .ft. to. 0 ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
1 Sep	otic tank		6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)	
	wer lines tertight s	ewer lines	7 Pit privy	12 Fertilizer storag	Fertilizer storage		
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? . South of Local How many feet?							
FROM	TO	PLU	JGGING MATERIALS	_			
24	0	neat C	oncrete				
		Plugged	from top Cka	<u>v</u>			
		down L	with Cap/Dlug				
		on top	,				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)							
by (signature) Ollaria by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,							
,	300	-,,	<u>i (00</u>				

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.