MW # 116-S

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	SE¼ NW¼ NE¼	21	27	1-E

Distance and direction from nearest town or city street address of well if located within city?

Just NE of Broadway & English Wichita Ks

2	WATER WELL OWNER: Coliman Co
RR #, St. Address, Box #: 250 N. St Francis	Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Witchta Ks 67207	Application Number:

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N
NW — X NE
W — E
SW — SE
S

4 DEPTH OF WELL ....18.............. ft

WELL'S STATIC WATER LEVEL .... ft.

WELL WAS USED AS:

1 Domestic   5 Public Water Supply   9 Dewatering
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 .... No ....
If yes, mo/day/yr sample was submitted ....

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 ....

Blank casing diameter ......2...... in.   Was casing pulled? Yes ..X.....   No ....   If yes, how much ....8'.................
Casing height above or below land surface ....O............... in.

6 GROUT PLUG MATERIAL: 1 Neat cement   (2) Cement grout   3 Bentonite   4 Other ....

Grout Plug Intervals: From ...18.... ft. to ...O........ ft.,   From................ ft.   to ....ft.,   From.............   to .... ft.

What is the nearest source of possible contamination:

1 Septic 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? South   How many feet? 16'

FROM	TO	PLUGGING MATERIALS
18	O	Ciment Cement Via trimie

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed
on (mo/day/year) ....4-5-00................................. and this record is true to the best of my knowledge and belief. Kansas
Water Well Contractor's License No. ....575.. This Water Well Record was completed on (mo/day/year)
....4-17-00......... under the business name of ....FUNKEE Drilling Service....................
by (signature) ......Glen L Kent..

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.