1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: SEDGWICK	SE1/4 NW/4 NE1/4	18	T275	RIE
Distance and direction from nearest town or city street address of well if located within city?				
interior - understairs basement - 1125 Coolidge Wichita KS				
2 WATER WELL OWNER: MICE M Price				
RR#, St. Address, Box #: 1125 Coolidge Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wichita KS 67203 Application Number: Unknown				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				
N WELL'S STATIC WATER LEVEL				
	WELL WAS USED AS:			
N W K E	1 Domestic	5 Public Water Supp	oly 9 Dewatering	9
	2 Irrigation 3 Feedlot	6 Oil Field Water S Lawn and Garden G	Supply 10 Monitoring	
w	E 4 Industrial	8 Air Conditioning	12 Other	
S W	Use a shaminal thanks		duriated to Donostmon	12 Van Na X
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes. X No				
\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5 TYPE OF BLANK CASING USED:				
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. 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 group 4 Other				
Grout Plug Intervals: From2.ft. to3ft., From				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
2 Sewer lines 3 Watertight sewer lines		12 Fertilizer storag 13 Insecticide storag		
4 Lateral lines 5 Cess Pool	9 Feedyard	14 Abandoned water w 15 Oil well/Gas well	ell	
Direction from well?				
FROM TO PLU	PLUGGING MATERIALS			
3 0 Cem	0 Cement			
21 3 Bento	nite bleach			
	,			
7 CONTRACTORIO OD LANGUNGRIGO CONTINUATION This was to read under the invitation and use conclused				
7 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 Dicense 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.