		'			· · · · · · · · · · · · · · · · · · ·		
	N OF WATER		Fraction	Section Number	Township Number	Range Number	
County: <	i de wi	ick	SE 1/4NW1/45W1/4	22	27	16	
			rest town or city stree		located within city?		
215 S. Minneapoli's, Wichita							
2 WATER W	VELL OWNER:	Michae	1 McEuen.	•			
RR#, St. A	Address, Bo	× #: /302	75.W. 1574 Te	Board of Agri	culture, Division of	Water Resources	
City, Stat	e, ZIP Cod	e :Rose	Hill, KS 6713	3 Application N	umber:		
3 MARK WE	LL'S LOCAT	ION WITH			ft.		
₩ AN "X"	IN SECTION	BOX:	WELL'S STATIC WATE	ER LEVEL	ft.		
				SUSED AS-			
			WELL WAS USED AS:		_		
N	W	—N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water			
			3 Feedlot	Lawn and Garden	Only 11 Injection	n Well	
W			E 4 Industrial	8 Air Conditioning	12 Other		
	*	S E	Was a chemical/bact	eriological sample s	ubmitted to Departmen	nt? Yes No	
	Was a chemical/bacteriological sample submitted to Department? YesNo. If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
	S						
5 TYPE OF	F BLANK CAS	ING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)							
2 PVC	4 ABS	6 Asb	estos-Cement 8 Concr	ete Tile			
Blank	asing diam	neter	in. Was casing	pulled? Yes	NoX. If yes, how	much	
Casing	height abo	ove or below	in. Was casing land surface	below	Cal not Co	Cala	
6 GROUT	LUG MAIERI	AL: I Neat	cement 2 Cement gro	ut 3 Bentonite	4 Uther. Says	COCCER	
Grout F	Plug Interv	vals: Fro	m.20.ft. to0ft	., Fromft. t	oft., From	toft.	
What is	s the neare	est source o	of possible contaminatio	n:			
1 Ser	otic tank		6 Seepage pit	11 Fuel storage	16 Other (s	pecify 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							
	ss Pool		10 Livestock pens	15 Oil well/Gas wel	NONE		
Direct	ion from we	ell?		How many feet?			
FROM	то	PL	UGGING MATERIALS				
20	0	QUIK	<u>Crete</u>				
			concrete				
7 CONTRA	CTOR'S OR	ANDOWNER'S	CERTIFICATION: This water	er well was plugged u	under my jurisdiction	and was completed	
on (mo	/day/year). Well Contra	actor's Lice	and this reco	ord is true to the be 	est of my knowledge a . Record was complete	nd belief. Kansas d on (mo/dav/vear)	
بر			, under, the business name	ne_of			
by VS1	gnature)).	MUCA	xel Will	EWEN			
INSTRUC	HONS: Use	typewriter or	ball point pen. Please pre	ess firmly and print clea	arly. 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.							