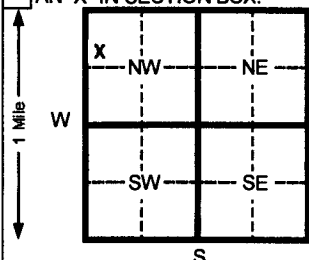


**3800 S. Oliver St. – Wichita**

Application Number:

15 ft. ELEVATION:



Water Well Disinfected? Yes No **X**

**Threaded Flush**

10 Other (specify)

<b>From</b>	<b>To</b>	<b>ft.</b>	<b>to</b>	<b>ft.</b>	<b>From</b>	<b>To</b>	<b>ft.</b>	<b>to</b>	<b>ft.</b>
<b>Frem</b>		<b>#</b>	<b>to</b>	<b>#</b>	<b>Frem</b>		<b>#</b>	<b>to</b>	<b>#</b>

#### 4 Other

16 Other (specify below)

**How many feet?**

[illegible]

Done - West

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.