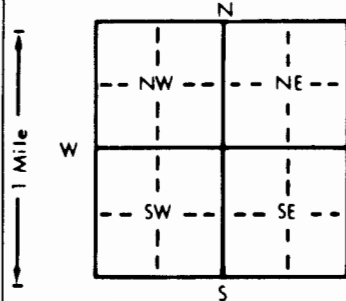


OR WELL OWNER: NW corner of Commercial & 4th St
Coastal Mart

PO Box 1030
Wichita KS 67201-1030

Application Number:

Water Well Disinfected? Yes No **X**



Direction from well? _____ How many feet? _____

[illegible]

Water Well Contractor's License No. 531 This Water Well Record was completed on (mo/day/yr) 12-6-95
under the business name of AST by (signature) [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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.