one for your records.

	ON OF WATER WELL:	WNW SE	Section Number	Township Number	Range Number	
County:	Cossey '	1/4 1/4 1/4	12	20	148	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Ruby A, Combes						
by 3 21. Main						
RR#, St. Address, Box #: 723 W. Main  RR#, St. Address, Box #: 723 W. Main  Board of Agriculture, Division of Water Resources  City, State, ZIP Code: Carbon daha, K5 66414 Application Number: 97-34  3 MARK WELL'S LOCATION WITH  4 DEPTH OF WELL						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVELft.						
WELL WAS USED AS:						
			F Ballia Hara Bar		_	
N	WNE-	1 Domestic 2 Irrigation	5 Public Water Supp 6 Oil Field Water S		I	
		3 Feedlot	7 Lawn and Garden (	Only 11 Injection	Well	
W	X	E 4 Industrial	8 Air Conditioning	12 Other		
	^					
	S E					
If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes. X. No						
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 diameterin. Was casing pulled? Yes No If yes, how muchin.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
├						
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.  What is the nearest source of possible contamination:						
•	ptic tank wer lines	, .	11 Fuel storage 12 Fertilizer storage	16 Other (sp	ecify below)	
	tertight sewer lines		13 Insecticide store			
4 Lat	teral lines	9 Feedyard	14 Abandoned water w			
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM	TO P	LUGGING MATERIALS				
15'	5x 5c.	reenings				
	5' Be	ntoniLa				
5/3	1 6	rionita				
6	- 4	eenings				
/	0 700	2 2011				
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 License No						
his tailmanning)						
by (sig	gnature)	we Combo	~			
INSTRUCTIO	ONS: Use typewriter	or ball point pen. <u>Pleas</u>	se press firmly and p	orint clearly. Pleas	e 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: 913/296-3565. Send one to Water Well Owner and retain						