one for your records.

1 LOCATION OF WATER WELL: Fraction)	Section Number	Township Number	Range Number
County: COMANCHE 501/45	E1,5W14	6	32	17W
			144	
Distance and direction from nearest town or city street address of well if located within city? From Coldwaten G7 East 2 WATER WELL OWNER: DAVID NUBBERD				
From Serving G G G G G				
WATER WELL OWNER: DAい1 &	ן אָט אָן	עין מים		
RR#, St. Address, Box #: City, State, ZIP Code: ColdwatEn Ks Board of Agriculture, Division of Water Resources Application Number:				
City, State, ZIP Code: LOID WAFER Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.				
☐ AN "X" IN SECTION BOX: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
N WELL'S STATIC WATER LEVEL				
WELL WAS USED AS:				
N W N E 1 Domestic 5 Public Water Supply 9 Dewatering				
	Irrigation	6 Oil Field Water	Supply 10 Monitoring Only 11 Injection	
W E 3	Feedlot Industrial	7 Lawn and Garden G 8 Air Conditioning	Only 11 Injection 12 Other	Well
		- A		
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 No				
S Water wett Distinected. Tess No				
5 TYPE OF BLANK CASING USED:				
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. 4 If yes, how much				
Casing height above or below land surfacein.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From. 3ft. to./.5ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage	pit	11 Fuel storage	16 Other (spe	cify below)
2 Sewer lines 7 Pit pri 3 Watertight sewer lines 8 Sewage	vy lagoon	13 Insecticide storag	je ige <i>1</i>	× 4/ 5
1 Septio tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer Lines 7 Pit privy 12 Fertilizer storage				
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? WEST How many feet? 250				
FROM TO PLUGGING MATE				
0 3 Jop 501				
3 15 BENtanit	÷			
	hali			
13 48 Cloro St	The			
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				
by (signature)				
INSTRUCTIONS: Use typewriter or ball poir	nt pen. Pleas	se press firmly and p	orint 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: 913/296-3565. Send one to Water Well Owner and retain				