| <u> </u> | | | Γ | | | |
|--|--------------------------------|--------------|---|--|--|-------------------|
| | ON OF WATE | | Fraction | Section Number | Township Number | Range Number |
| County: C | OMAN | Uch E | SW1/4NW/4NE/4 | 7 | 32 | 19 N |
| Distance and direction from nearest town or city street address of well if located within city? From Cobbwater 5/2 WES+ | | | | | | |
| 2 WATER WELL OWNER: Tim RIETZKE | | | | | | |
| RR#, St. Address, Box #: City, State, ZIP Code: Coldwater ts Board of Agriculture, Division of Water Resources Application Number: | | | | | | |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft. | | | | | | |
| N WELL'S STATIC WATER LEVEL. 53ft. | | | | | | |
| | × | | WELL WAS USED AS: | | | |
| N | | N E | <u>1 Domesti</u> c 2 Irrigation 3 Feedlot | 5 Public Water Sup 6 Oil Field Water 9 7 Lawn and Garden 0 | Supply 10 Monitorin Only 11 Injection | g Well Well |
| W | | | E 4 Industrial | 8 Air Conditioning | 12 Other | |
| s | S E | | | | | |
| | Water Well Disinfected: Yes No | | | | | |
| S TYPE OF BLANK CASING USED: | | | | | | |
| | | | | | | |
| 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | | |
| Blank casing diameter | | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | |
| Grout Plug Intervals: From. 3.ft. to6ft., From. 5.0.ft. to5ft., From toft. | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| 1 Septic tank 6 Seepage pit | | | | 11 Fuel storage 16 Other (specify below) | | |
| 2 Sewer lines 3 Watertight sewer lines | | | 12 Fertilizer storag 13 Insecticide stora | | 777.6 | |
| | teral lines ss Pool | | 9 Feedyard 10 Livestock pens | 14 Abandoned water w 15 Oil well/Gas well | | |
| Direction from well? How many feet? | | | | | | |
| FROM | то | PLU | JGGING MATERIALS | | | |
| 0 | 3 | Top | sois | | | |
| 3 | 6 | BENT | on ite | | | |
| 6 | 50 | Cloro | SAND | | | |
| 50 | 53 | BENT | ONITE | | | |
| 53 | 58 | Clor | 0 SAND | | | |
| | | | | | | |
| 7 CONTRAC | CTOR'S OR I | ANDOWNER'S (| ERTIFICATION:This water | `well was blugged un | nder my jurisdiction : | and was completed |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | |
| by (Signature) | | | | | | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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 one for your records.