				r		
1 LOCATION OF WATER WELL: Fraction				Section Number	Township Number	Range Number
County: COMRUCHE NOW1/4NW/4SW 1/4				3/	34	18W
Distance and direction from nearest town or city street address of well if located within city? From Coidwater 15/12 South						
2 WATER WELL OWNER: OHER FARMS						
RR#, St. Address, Box #: Coldwater K5 Board of Agriculture, Division of Water Resources Application Number:						
3 MARK WAN "X"	ELL'S LOCATION N	TION WITH	WELL'S STATIC WATE WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical/bacte	5 Public Water Sup 6 Oil Field Water 5 7 Lawn and Garden 0 8 Air Conditioning	oly 9 Dewatering Supply 10 Monitoring Only 11 Injection 12 Other	g Well Well
	S		Water Well Disinfec	ted: Yes 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						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Rentonite 4 Other						
Grout Plug Intervals: From3ft. to./.0ft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
1 Sep 2 Sep 3 Wat 4 Lat	otic tank wer lines	ewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age vell	ecify below)
Direction from well? How many feet?						
FROM	то	PLU	GGING MATERIALS			
0	3	Too	50;/			
3	10	BENT	onite		-	
11	33	SAN.	D Clay			
34	42		SAND			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
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.						