1 LOCATIO	ON OF WATER	WELL:	Fraction 1	Section Number	Township Number	Range Number	
County: COMANCLE NW14NE114NW14 2 34 19 M							
Distance and direction from nearest town or city street address of well if Located within city? From Caldwater 10 5 outh 13/4 west							
2 WATER WELL OWNER: BOL Brass							
RR#, St. Address, Box #: Caldwater, K5 Board of Agriculture, Division of Water Resources Application Number:							
	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N DEPTH OF WELL. S.Oft. WELL'S STATIC WATER LEVEL. 3.Oft.						
	WELL WAS USED AS:						
W	W	-N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial		Supply 10 Monitorin Only 11 Injection	ng Weli	
s	Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted						
	S		nucei nece bisini ee				
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 If yes, how muchin. 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. 8ft. to 15ft., From. 18ft. to 3.1.ft., From toft.							
What is the nearest source of possible contamination:							
2 Sewer lines 7 3 Watertight sewer lines 8 4 Lateral lines 9			9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age Well	ecify below)	
Direction from well? How many feet?							
FROM	то	PLU	GGING MATERIALS				
0	8	Top	5071				
8	15	BEN	to Nite				
16	28	<u>C/01</u>					
29	32		TONITE				
33	50	Clar	8 SAND				
				_			
7 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. Please press firmly and print clearly. Please fill in blanks							

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.