			1		
1 LOCATION OF WATER WELL	: Fraction	Section Number	Township Number	Range Number	
County: COMANO	BE SE1/4 NW/45 E1/4	4	35	19 N	
Distance and direction from nearest town or city street address of well if located within city? From Coldwater KS 16 500th					
2 WATER WELL OWNER: Charlotte DeColyER					
RR# St. Address. Rox #: 1597 SIERRA Dr. Board of Agriculture. Division of Water Resources					
RR#, St. Address, Box #: 1582 SIERRA Do Board of Agriculture, Division of Water Resources City, State, ZIP Code: Batan Rouge LaApplication Number:					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
	WELL WAS USED AS				
N W N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	ply 9 Dewaterin Supply 10 Monitorin	g g Well	
W W	3 Feedlot E 4 Industrial		Supply 10 Monitorin Only 11 Injection 12 Other		
	L 4 Tradstriat	o An conditioning	TE Other		
Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes. No					
S					
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.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other					
Grout Plug Intervals: From Dft. to					
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)	
		12 Fertilizer storag 13 Insecticide storag 14 Abandoned water			
,					
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? .		How many feet?	• • • • • • • • • • • • • • • • • • • •		
FROM TO	PLUGGING MATERIALS				
0 3 7	5psoil				
#3 10 BE	entonite				
11 90 C.	INY SAND M.	ix			
90 95 8	ENTORITE				
91 120 C	loro SAND				
7 CONTRACTOR'S OR LANDOW	NER'S CERTIFICATION: This was	ter well was plugged u	nder my jurisdiction	and was completed	
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					
THOTALIST COLOR - Has to remain the manifest and policy and a fine standard and a fine					

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.