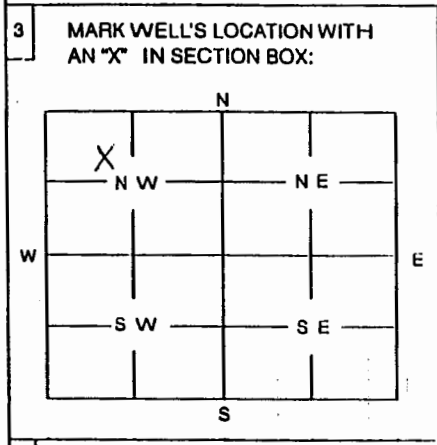


| | | | | | |
|---|---|---|-----------------------------|--------------------------------|-----------------------------|
| 1 | LOCATION OF WATER WELL: County: <i>Ellis</i> | Fraction <i>SE 1/4 NW 1/4 NW 1/4</i> | Section Number <i>17</i> | Township Number <i>11 S</i> | Range Number <i>17 W</i> |
|---|---|---|-----------------------------|--------------------------------|-----------------------------|

Distance and direction from nearest town or city street address of well if located within city?
14 mi. N, 3.5 mi. E, then 1/4 mi. S of Hays, Kansas

| | | | |
|---|---|--|--|
| 2 | WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code : | NCRA P.O. Box 1401 McPherson, KS 67460 | Board of Agriculture, Division of Water Resources Application Number: |
|---|---|--|--|



4 DEPTH OF WELL *25* ft

WELL'S STATIC WATER LEVEL ft.

WELL WAS USED AS:

| | | |
|--------------|----------------------------|---|
| 1 Domestic | 5 Public Water Supply | 9 Dewatering |
| 2 Irrigation | 6 Oil Field Water Supply | <input checked="" type="radio"/> 10 Monitoring Well |
| 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well |
| 4 Industrial | 8 Air Conditioning | 12 Other |

Was a chemical / bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No

5 TYPE OF BLANK CASING USED:

| | | | | |
|--|------------|-------------------|-----------------|-------------------------|
| 1 Steel | 3 RMP (SR) | 5 Wrought | 7 Fiberglass | 9 Other (Specify below) |
| <input checked="" type="radio"/> 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | |

Blank casing diameter *2* in. Was casing pulled? Yes No If yes, how much *to 20'*
Casing height above or below land surface *n/a* in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout Plug Intervals: From *0* ft. to *25* ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

| | | | |
|--------------------------|-------------------|-------------------------|---|
| 1 Septic tank | 6 Seepage pit | 11 Fuel storage | <input checked="" type="radio"/> 18 Other (specify below) |
| 2 Sewer lines | 7 Pit privy | 12 Fertilizer storage | <i>could be oil</i> |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | <i>pipeline</i> |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? *North & E* How many feet? *110*

| FROM | TO | PLUGGING MATERIALS |
|-----------|-----------|-----------------------|
| <i>0</i> | <i>20</i> | <i>Bentonite (8")</i> |
| <i>20</i> | <i>25</i> | <i>Bentonite (2")</i> |
| | | |
| | | |
| | | |
| | | |

01112

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. *527* This Water Well Record was completed on (mo/day/year) *2-17-2004* under the business name of *SEA-CORE INC.* by (signature) *Dale A. Bell*

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.