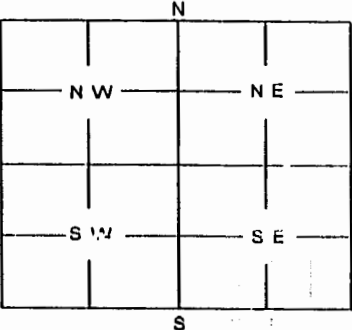


1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <i>Ellis</i>	<i>SE 1/4 NW 1/4 NW 1/4</i>	<i>17</i>	<i>11 S</i>	<i>17 W</i>

Distance and direction from nearest town or city street address of well if located within city?  
*14 mi. North, 3.5 mi. East, then 1/4 mi. South of Hays, Kan.*

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

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <i>25</i> 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	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 <input checked="" type="checkbox"/>		
		If yes, mo/day/yr sample was submitted _____		
		Water Well Disinfected: Yes _____ No <input checked="" type="checkbox"/>		

5	TYPE OF BLANK CASING USED:
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile
	Blank casing diameter <i>2</i> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much <i>Drilled pipe to 20</i>
	Casing height above or below land surface <i>n/a</i> in.

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other _____
	Grout Plug Intervals:	From <i>0</i> ft. to <i>25</i> ft.,	From _____ ft. to _____ ft.,	From _____ to _____ ft.	
	What is the nearest source of possible contamination:	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input checked="" type="checkbox"/> 15 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <i>crude oil</i> <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <i>pipeline</i> <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess Pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well			
	Direction from well? <i>South</i>	How many feet? <i>10</i>			

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

*11W4*

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. <i>527</i> This Water Well Record was completed on (mo/day/year) <i>2-17-2004</i> under the business name of <i>Geo Core Inc.</i> by (signature) <i>Dave A. Bell</i>
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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.