

1	LOCATION OF WATER WELL:	Fraction W 2 E 2 E 2 1/4 1/4 SE 1/4	Section Number 21	Township Number 13 S	Range Number 17	EW
County: <u>ELLIS</u>						

Distance and direction from nearest town or city street address of well if located within city?

2	WATER WELL OWNER: <u>DSNWK</u>	
RR #, St. Address, Box #: <u>2703 HALL ST</u>		Board of Agriculture, Division of Water Resources
City, State, ZIP Code: <u>HAYS KS 67601</u>		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... <u>25</u> ..... ft.
		WELL'S STATIC WATER LEVEL ..... <u>12</u> ..... ft.	
		WELL WAS USED AS:	
		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Feedlot <input type="checkbox"/> Industrial	
		<input type="checkbox"/> Public Water Supply <input type="checkbox"/> Oil Field Water Supply <input type="checkbox"/> Domestic (Lawn & Garden) <input type="checkbox"/> Air Conditioning	
		<input type="checkbox"/> Dewatering <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Injection Well <input type="checkbox"/> Other .....	
Was a chemical / bacteriological sample submitted to Department? Yes ..... No .....			
If yes, mo/day/yr sample was submitted .....			
Water Well Disinfected: Yes <input checked="" type="checkbox"/> No .....			

5	TYPE OF BLANK CASING USED:			
<input checked="" type="checkbox"/> Steel <input type="checkbox"/> PVC				
<input type="checkbox"/> RMP (SR) <input type="checkbox"/> ABS				
<input type="checkbox"/> Wrought <input type="checkbox"/> Asbestos-Cement				
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete Tile				
<input type="checkbox"/> Other (Specify below) .....				
Blank casing diameter <u>6</u> in.				
Casing height above or below land surface ..... in.				
Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> If yes, how much .....				

6	GROUT PLUG MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other .....			
Grout Plug Intervals: From <u>3'</u> ft. to <u>6'</u> ft., From ..... ft. to ..... ft., From ..... to ..... ft.				
What is the nearest source of possible contamination:				
<input type="checkbox"/> Septic tank <input type="checkbox"/> Sewer lines <input type="checkbox"/> Watertight sewer lines <input checked="" type="checkbox"/> Lateral lines <input type="checkbox"/> Cess pool				
<input type="checkbox"/> Seepage pit <input type="checkbox"/> Pit privy <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Feedyard <input type="checkbox"/> Livestock pens				
<input type="checkbox"/> Fuel storage <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Oil well/Gas well				
<input type="checkbox"/> 16 Other (specify below) .....				
Direction from well? <u>EAST</u> How many feet? <u>60'</u>				

FROM	TO	PLUGGING MATERIALS
0	3'	EARTH
3'	6'	BENTONITE
6'	13'	EARTH
13	25	SAND

RECEIVED  
NOV 12 2004  
BUREAU OF WATER

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>9-7-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>9-7-04</u> This Water Well Record was completed on (mo/day/year) <u>9-7-04</u> under the business name of <u>CK EARTHWORKS</u> by (signature) <u>Clem Kaulm</u>	
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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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.