

1	LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
	County: Ellis NE 1/4 SE 1/4 SE 1/4	36	13	17

Distance and direction from nearest town or city street address of well if located within city?
I-70 Interchange, Victoria, Kansas

2 | WATER WELL OWNER: **Frank Younger**
 RR#, St. Address, Box # **P.O. Box 127** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : **Victoria, Kansas 67671** Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4	DEPTH OF WELL 38.0 ft.
			WELL'S STATIC WATER LEVEL 30.67 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 Lawn and Garden (domestic) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other			
Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected: Yes _____ No X			

5 | TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)
 2 **PVC** 4 ABC 6 Asbestos-Cement 8 Concrete Tile

Blank casing diameter **2.375** in. Was casing pulled? Yes **X** No _____ If yes, how much? **14'**

Casing height above or below land surface **Unknown** in. **Removed 3' of pipe**

6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 **Bentonite** 4 **Other** **Soils/Gravel**

Grout Plug Intervals From **38.0** ft. to **3.0** ft. From **3.0** ft. to **1.0** ft. From **1.0** ft. to **0.0** ft.

What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 **Fuel storage (former)** 16 Other (specify below)
 2 Sewer lines 7 Pit privy 12 Fertilizer storage
 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage
 4 Lateral lines 9 Feedyard 14 Abandoned water well
 5 Cess Pool 10 Livestock pens 15 Oil well/ Gas well

Direction from well? **N/A** How many feet? **0**

FROM	TO	CODE	PLUGGING MATERIALS
0.0	1.0		Gravel
1.0	3.0		Soils
3.0	38.0		Bentonite chips

7 | CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **2/28/08** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **3/20/08** under the business name of **Quad State Services, Inc.**
 by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66620-0001. Telephone: 785-296-3565. Send one to Water Well Owner and retain one for your records.