

1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Ellis SE ¼ NW ¼ NW ¼	32	13	18 W

Distance and direction from nearest town or city street address of well if located within city?
1500 W. 27th St. (NW corner of property)

2 WATER WELL OWNER: KDHE	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box # 1000 SW Jackson St., Ste 410	Application Number:
City, State, ZIP Code : Topeka, KS 66612-1367	

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N

X	NW	NE
W	SW	SE
	S	E

4 DEPTH OF WELL **47.17** ft. Well originally completed at **44** ft. bgs

WELL'S STATIC WATER LEVEL **25.17** 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 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** in. Was casing pulled? Yes **X** No ___ If yes, how much _____

Casing height above or **below land surface** **240** in. Overdrilled to **20** feet below ground surface (bgs)

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

Grout Plug Intervals From **0.5** ft. to **47.17** ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	11 Fuel storage	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? _____ How many feet? _____

FROM	TO	CODE	PLUGGING MATERIALS
0	0.5		Soil
0.5	47.17		Bentonite

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **9-6-05** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **531** This Water Well Record was completed on (mo/day/yr) **9-20-05** under the business name of **Geotechnical Services, Inc.**

by (signature) *[Handwritten 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.