1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County:	ELLis		NE 1/4 SE 1/4 SW 1/4	33	13	18 W
Distance and direction from nearest town or city street address of well if located within city?						
1302 MAIN ST. HAYS KS						
2 WATER WELLOWNER: Dan & Carol Scheek  RR #, St. Address, Box #: 302 main Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: HAYS 67601 Application Number:						
	WELL'S LOCATION I		1 1	27.5 by/fi RLEVEL 24.52 ft. 6+	ML	1-3
	N		WELL WAS USED AS:	n LEVELMAN		
N	w —	- N E	1 Domestic	5 Public Water Supp		_
w		E	2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &	Garden) 11 Injecti	on Well
4 industrial 8 Air Conditioning 12 Other						
S W S E Was a chemical / bacteriological sample submitted to Department? Yes						
Water Well Disinfected: Yes No						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter						
Casing height above o below and surface in.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other 5						
Grout Plug Intervals: From 27.5 ft. to 25 ft., From 25 ft. to 2.5 ft., From 2.5 ft.						
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 12 Fertilizer storage			
4 Lateral lines			9 Feedyard 10 Livestock pens	14 Abandoned wate 15 Oil well/Gas wel	er well	
Direction from well?						
FROM	TO TO	PLU	GGING MATERIALS		MV-3 plugg	ed and abanhous in (July 2015) IK renovatrin
27.5	25	14-12 9	proved		is anticipate	in (Jaly 2015)
25	2.5	Bentomete	Chips (leter hydra	ted)	of Smet + Wa	IK removation
2.5	0	Soil +	Concrete Walk		on 13TH ST	,
					, 2.	-
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						
by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.						