KSA 82a-1212

11	LOCATION O	F WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: FII:			SW14 NW4 SE14	9	13 5	ZOW	
Distance and direction from nearest town or city street address of well if located within city?  SwoF Cemetary -100 west and 50' south of existing well#9  WATER WELLOWNER: City of Ellis							
a water were City at Ellis							
Ule Table right							
	nn #. al. Address, bux #.						
Only Carlo, 211 Codo . Ellis 3/103 1							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
$\Box$	AN A INSE		WELL'S STATIC WATE	WELL'S STATIC WATER LEVEL			
		<u> </u>	1	WELL WAS USED AS:			
			WELL WAS USED AS:				
	N W N E		1 Domestic				
ĺ			2 Irrigation 3 Feedlot	6 Oil Field Water 7 Domestic (Law		toring Well tion Well	
w			E 4 Industrial	8 Air Conditioning		r	
Was a chamical / hactariological sample submitted to Department? Yes YC > No.*						YES No.	
Was a chemical / bacteriological sample submitted to Department?Yes						<i>J.</i>	
	L	S	Water Well Disinfected:	Yes No	•••		
TYPE OF BLANK CACING HOFF.							
5 TYPE OF BLANK CASING USED:							
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)						
	CPVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter						much	
<u> </u>							
6	2 27						
Grout Plug Intervals: From							
What is the nearest source of possible contamination:							
1 Septic tank			6 Seepage pit	11 Fuel storage	16 Other (s	specify below)	
	2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer sto 13 Insecticide s	_	0.000	
	4 Lateral lines		9 Feedyard	14 Abandoned	•		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? How many feet?							
FROM TO PLUGGING MATERIALS							
FROM TO PLUG			PLUGGING MATERIALS	AGING MATERIALS			
0 3 7005		3 100	soil			!	
			ment Grout	nt Grant			
一		18 ch/2	ringted Gravel		RECEI\	/FD	
<u> </u>	5 / 7	D Chlor	ringted Grave		0		
ļ			7-94		AUG 2 6	2004	
			, , , , , , , , , , , , , , , , , , ,		BUREAU OF V	VATER	
				***			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
United to the best of my knowledge and belief. Kansas  Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year)							
	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.  This Water Well Record was completed on (mo/day/year) by (signature)						
by (signature)							
IN	STRUCTION	S: Use typewriter o	or ball point pen. Please press	firmly and print clearly.	Please fill in blanks, under	line or circle the correct	
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.							
Te	Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.						