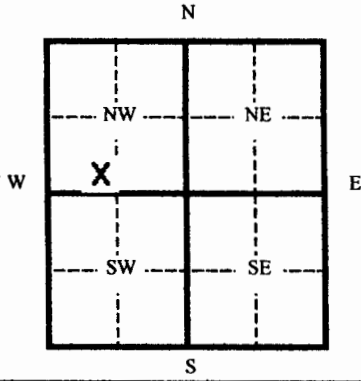


1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Ellis SE 1/4 SW 1/4 NW 1/4	9	13	20

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

2 WATER WELL OWNER: Golden Belt Coop  
 RR#, St. Address, Box # Hwy 40 & Monroe Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code : Ellis, Ks 67637 Application Number:

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



4 DEPTH OF WELL 18.2 ft.

WELL'S STATIC WATER LEVEL \_\_\_\_\_ ft.

WELL WAS USED AS:

- 1 Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial
- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Lawn and Garden (domestic)
- 8 Air Conditioning
- 9 Dewatering
- 10 Monitoring Well
- 11 Injection Well
- 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 \_\_\_\_\_

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)
<b>2 PVC</b>	4 ABC	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter \_\_\_\_\_ in. Was casing pulled? Yes **X** No \_\_\_\_\_ If yes, how much **18.2 FT DRILLED OUT**

Casing height above or below land surface **0** in.

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

Grout Plug Intervals From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

- 1 Septic tank
- 2 Sewer lines
- 3 Watertight sewer lines
- 4 Lateral lines
- 5 Cess Pool
- 6 Seepage pit
- 7 Pit privy
- 8 Sewage lagoon
- 9 Feedyard
- 10 Livestock pens
- 11 Fuel storage
- 12 Fertilizer storage
- 13 Insecticide storage
- 14 Abandoned water well
- 15 Oil well/ Gas well
- 16 Other (specify below) \_\_\_\_\_

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	CODE	PLUGGING MATERIALS
18.2	0		BENTONITE

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **1-19-07** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554** This Water Well Record was completed on (mo/day/yr) **2-3-07** under the business name of **Woofter Pump & Well Inc.** by (signature) *Jay C. Woofter, Inc. M.R.*

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.