

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ellis</b>	<b>SE ¼ SW ¼ NW ¼</b>	<b>9</b>	<b>13</b>	<b>20</b>

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**City, State, ZIP Code : **Ellis, KS 67637**

Board of Agriculture, Division of Water Resources

Application Number:

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

4 DEPTH OF WELL **20/0** ft.

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

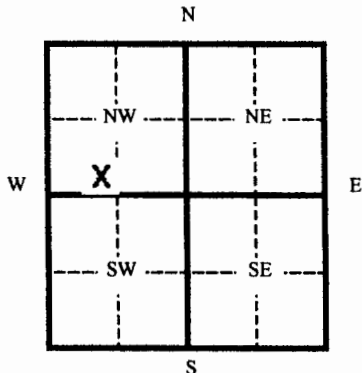
8 Air Conditioning

12 Other \_\_\_\_\_

Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No ☒

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)

☒ 2 PVC

4 ABC

6 Asbestos-Cement

8 Concrete Tile

Blank casing diameter \_\_\_\_\_ in.

Was casing pulled? Yes ☒ No \_\_\_\_\_If yes, how much **20 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

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
20	0		BENTONITE

7

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/yr) **1-18-07** and this record is true to the best of my knowledge and belief. KansasWater 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) \_\_\_\_\_

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.