1 LOCATI	ON OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Number
County:	Ellis		5W1/45W1/4NW1/4	12	145	17W
			rest town or city stree		located within city?	
500	Lo	MMerc	PARKWHY IANKOSCHFFOI	ial		
2 WATER	WELL OWNER:	: A-1 10	A DA	ackning		
RR#, St. City, Sta	Address, Bo te, ZIP Coo	ox #: 5 00 de : HA	Commerce PA YS, KS 470	Board of Agric Application No	culture, Division of umber:	Water Resources
3 MARK W	ELL'S LOCAT	TION WITH	4 DEPTH OF WELL	9.7	ft.	
— AN	N SECTION	, pox.	WELL'S STATIC WAT	ER LEVEL	ft.	
			WELL WAS USED AS:			
N		N E	1 Domestic			
			2 Irrigation 3 Feedlot			
w X			E 4 Industrial	8 Air Conditioning	12 Other	•••••
	l.,		tter e chamical thank		.huithad to Donostano	Y N. Y `
S W S E			Was a chemical/bacteriological sample submitted to Department? YesNo			
			Water Well Disinfec	ted: YesX No		
	S					
5 TYPE C	F BLANK CAS	SING USED:				
1 Stee	1 3 RMP (glass 9 Other ete Tile	(specify below)	
		meter. 5 X				. ~ /
Blank Casing	casing diar height abo	meter	land surface	pulled? YesX) in.	No If yes, how	much
		IAL: 1 Neat			4 Other	
 Grout	Plug Interv	vals: Fro	m. 2.7 ft. to 5 ft	Fromft. to	oft From	toft.
			f possible contamination			
		ose source o	•		16 Other Com	anifor haland
1 Septic tank 2 Sewer lines						
3 Watertight sewer lines 4 Lateral lines			8 Sewage lagoon 9 Feedyard			
	ss Pool	,	10 Livestock pens	15 Oil well/Gas wel		
Direct	ion from we	ell?		How many feet?		
FROM	то	PL	UGGING MATERIALS			
47	27	Gr	Avel			
27	5	_	owike			
5	0	Tops			RECEIVE)
					OCT 2 7 2004	<u> </u>
	_				BUREAU OF WAT	rer
7 CONTRA	CTOR'S OR I	LANDOWNER4S	CERTIFICATION: This water	 r well was blugged w	nder my jurisdiction	and was complete
on (mo	/day/year)	10-20	CERTIFICATION:This water	rd is true to the be	st of my knowledge an	d belief Kansa
water	0 2. 4	O.Y.	nse No 4.3.4 under the business name	e of Town . T.	aunts.y. WA	ter Well
by (si	gnature) .	· a.l. 13	te:			• • • • • • • • • • • • • • • • • • • •
INSTRUCTI	ONS: Use 1	typewriter o	r hall point pen. Pleas	se press firmly and a	nrint clearly Pleas	a fill in blanke

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.