

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Ellis	NE 1/4 SE 1/4 SE 1/4	5	145	18W

Distance and direction from nearest town or city street address of well if located within city?
 From the corner of old hwy40, Bypass183, & Main St. 1150 # S & 500 Ft. W.

2 WATER WELL OWNER: Kansas Historical Society
 1472 Hwy.183 Alt.
 RR#, St. Address, Box #: Hays, Ks. 67601
 City, State, ZIP Code : Board of Agriculture, Division of Water Resources
 Application Number:

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

	N W		N E
W			
	S W		S E X

4 DEPTH OF WELL.....50.....ft.
 WELL'S STATIC WATER LEVEL...24.....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 Only 11 Injection Well
 4 Industrial 8 Air Conditioning 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..X.. No.....

5 TYPE OF BLANK CASING USED:
 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.....8...in. Was casing pulled? Yes..... No...X... If yes, how much.....
 Casing height above or below land surface.....2...in. *Prior to plugging*

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other.....
 Grout Plug Intervals: From...4...ft. to...1...ft., From.....ft. toft., From..... to.....ft.
 What is the nearest source of possible contamination:
 1 Septic tank 6 Seepage pit 11 Fuel storage 12 Fertilizer storage Other (specify below)
 2 Sewer lines 7 Pit privy 13 Insecticide storage ..Golf Course.....
 3 Watertight sewer lines 8 Sewage lagoon 14 Abandoned water well
 4 Lateral lines 9 Feedyard 15 Oil well/Gas well
 5 Cess Pool 10 Livestock pens
 Direction from well? How many feet?

FROM	TO	PLUGGING MATERIALS
50	26	Sand
26	4	Sub Soil
4	1	Bentonite
1	0	Top soil

Well is located on the Golf Course

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....9-26-96..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ...N/A...003... This Water Well Record was completed on (mo/day/year).....2-4-97..... under the business name of
 by (signature) ...Water Quality Coordinator.....

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.