

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Ellis	NE 1/4 NE 1/4 NW 1/4	12	T14S	R18W

Distance and direction from nearest town or city street address of well if located within city?
 From the corner of Hwy 40 and the intersection of 280th Ave, West 2,800ft & 100ft

2 WATER WELL OWNER: City of Hays South

RR#, St. Address, Box #: P. O. Box 490 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Hays, KS 67601 Application Number:

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

N

	X	
N	W	E
S		

S

4 DEPTH OF WELL.....34...ft.

WELL'S STATIC WATER LEVEL.....8...ft.

WELL WAS USED AS:

1 Domestic	5 Public Water Supply	9 Dewatering
<input checked="" type="checkbox"/> 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..
 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)
<input checked="" type="checkbox"/> PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile

Blank casing diameter.....8.in. Was casing pulled? Yes.... No..... If yes, how much..8ft.....
 Casing height above or below land surface.....18.in. *prior to plugging*

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other.....

Grout Plug Intervals: From...4.ft. to.....1ft., From.....ft. toft., From..... to.....ft.

What is the nearest source of possible contamination:

1 Septic tank	6 Seepage pit	<input checked="" type="checkbox"/> Fuel storage	16 Other (specify below)
2 Sewer lines	7 Pit privy	<input checked="" type="checkbox"/> Fertilizer storage
3 Watertight sewer lines	8 Sewage lagoon	<input checked="" type="checkbox"/> Insecticide storage
4 Lateral lines	9 Feedyard	14 Abandoned water well
5 Cess Pool	<input checked="" type="checkbox"/> Livestock pens	15 Oil well/Gas well

Direction from well?S.SW..... How many feet?400.....

FROM	TO	PLUGGING MATERIALS
34	28	Sand
28	4	Subsoil
4	1	Bentonite
1	0	Top Soil

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....11/27/96..... 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)2/5/97..... under the business name of Ellis County Water Quality Coordinator
 by (signature) *Ellis County 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.