1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: ElliS	NW1/4SE1/4SE1/4	3	14S	18 W
Distance and direction from nea 2000 Front Sh 2 WATER WELL OWNER: PUPSI	rest town or city street, Hays, Cola Bottom	Kansas	located within city?	
RR#, St. Address, Box #: 2000 Front Street Board of Agriculture, Division of Water Resources City, State, ZIP Code: Hays KS 67601 Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	40 er level 34.74	ft. ft.	
N WN E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden C 8 Air Conditioning	Supply 10 Monitoring	g Well
s'W s'E	Was a chemical/bact If yes, mo/day/yr sa Water Well Disinfec	ample was submitted	A	t? YesNo.X
5 TYPE OF BLANK CASING USED:		74-41-41-41-41-41-41-41-41-41-41-41-41-41	The second secon	
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite COther EXCANCITED The Well				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From				
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 storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	age Well	ecify below)
Direction from well? W.St				
FROM TO PL	UGGING MATERIALS			
7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year). Of January Water Well Contractor's Lice by (signature).	CERTIFICATION: This water and this reconse No. 5.2.1	r well was plugged und is true to the bes	nder my jurisdiction st of my knowledge an Record was completed	and was completed d belief. Kansas on (mo/day/year)
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,				

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.