

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	ELLIS	NN <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub>	3	14 S	18 W

Distance and direction from nearest town or city street address of well if located within city?

2000 Front Street, Hays, Kansas 67601

2	WATER WELL OWNER:	Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #:	2000 Front Street	Application Number:
City, State, ZIP Code :	Hays, KS 67601	

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL.....30.....ft.														
<div style="text-align: center;">N</div> <table border="1"> <tr> <td></td> <td>N W</td> <td>N E</td> </tr> <tr> <td>W</td> <td></td> <td></td> </tr> <tr> <td></td> <td>S W</td> <td>S E</td> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> <tr> <td colspan="3" style="text-align: center;">S</td> </tr> </table>			N W	N E	W				S W	S E			X	S			WELL'S STATIC WATER LEVEL...N/A.....ft. - Well did not intersect GW table 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 Vapor Extraction
	N W	N E															
W																	
	S W	S E															
		X															
S																	
		Was a chemical/bacteriological sample submitted to Department? Yes....No X.															
		If yes, mo/day/yr sample was submitted.....															
		Water Well Disinfected: Yes..... No X.....															

5	TYPE OF BLANK CASING USED:
1 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.....4.5.....in.	Was casing pulled? Yes..X.. No..... If yes, how much.....30'
Casing height above or below land surface.....0.....in.	

6	GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other Excavated: the well
Grout Plug Intervals: From.....ft. to.....ft., From.....ft. to.....ft., From..... 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? West	How many feet? 30

FROM	TO	PLUGGING MATERIALS

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 10/15/98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 10/12/98 under the business name of Beacore Services, Inc. by (signature) Paul K. K.
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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.