| 1 LOCATION OF WATER WELL:  |             | Fraction   | Section Number   | Township Number | Range Number  |
|--|-------------|--|--|-----------------|---------------|
| County: Ellis  |             | WW1/4NE1/4NE1/4  | lanf   | 145             | 1800          |
| Distance and direction from nearest town or city street address of well if located within city?  |             |  |  |                 |               |
| LOS E 6th  |             |  |  |                 |               |
| WATER WELL OWNER: Rend Ryberg  RR#, St. Address, Box #: Loos Earl Board of Agriculture, Division of Water Resources  |             |  |  |                 |               |
| RR#, St. Address, Box #: LOOS ELOTA Board of Agriculture, Division of Water Resources City, State, ZIP Code: J-14 y S KS 67 401 Application Number:  3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL |             |  |  |                 |               |
| 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL  |             |  |  |                 |               |
| AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVELft.   |             |  |  |                 |               |
| WELL WAS USED AS:  |             |  |  |                 |               |
| N W N E 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 W  |             |  |  |                 | y Well        |
| W  |             | E 4 Industrial   | 8 Air Conditioning   | 12 Other        |               |
| S E Was a chemical/bacteriological sample submitted to Department? YesNo.  |             |  |  |                 |               |
| If yes, mo/day/yr sample was submitted   |             |  |  |                 |               |
| Water Well Disinfected: Yes  |             |  |  |                 |               |
| 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 diametersin. Was casing pulled? Yes NoX If yes, how much  |             |  |  |                 |               |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  |             |  |  |                 |               |
| Grout Plug Intervals: From. 17. ft. to 3ft., Fromft. toft., From toft.   |             |  |  |                 |               |
| What is the nearest source of possible contamination:  |             |  |  |                 |               |
| 1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy  |             |  | 11 Fuel storage  | 16 Other (sp    | pecify below) |
| 2 Sewer lines<br>3 Watertight s  | ewer lines  | 8 Sewage lagoon  | 13 Insecticide stor  | age             |               |
| 74 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well   |             |  |  | nott            |               |
| Direction from well? . L.) & At  |             |  |  |                 |               |
| FROM TO PLUGGING MATERIALS   |             |  |  |                 |               |
| 22 17  | 2 17 Gravel |  |  |                 |               |
| 17 3   |             | towite   | And the second s |                 |               |
| 3 0  | Cla         | V  |  |                 |               |
|  |             | 7  |  |                 |               |
|  |             |  |  |                 |               |
|  |             | The second secon |  |                 |               |
|  |             | A  |  |                 |               |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)  |             |  |  |                 |               |
| on (mo/day/year)   |             |  |  |                 |               |
| Water Well Contractor's License No This Water Well Record was completed 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.