1 LOCATION OF WATER W	ELL:	Fraction	Section Number	Township Number	Range Number
County: Ellis	4	5E1/45E1/45E1/4	32	145	19W
Distance and direction	.1	est town or city street	address of well if	located within city?	
2 WATER WELL OWNER:					
RR#, St. Address, Box City, State, ZIP Code	#: 414	WIHE	Board of Agri Application N	culture, Division of umber:	Water Resources
MARK WELL'S LOCATION B	DN WITH		.1.4. ER LEVEL LOUIDAP		
W W	-N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil Field Water 7 Lawn and Garden	Supply 10 Monitorin Only 11 Injection	g Well Well
Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted  Water Well Disinfected: YesNo					
5 TYPE OF BLANK CASIN	NG USED:				
1 Steel 3 RMP (SR 2 PVC 4 ABS			glass 9 Other ete Tile	(specify below)	
Blank casing diamet Casing height above	ter7 e or below	in. Was casing land surface	oulled? Yes in.	No If yes, how	much
6 GROUT PLUG MATERIAL	.: 1 Neat	cement 2 Cement gro	ut <u>3 Bentonite</u>	4 Other	
		ft. toft		oft., From	toft.
1 Septic tank 2 Sewer lines 3 Watertight sewe 4 Lateral lines 5 Cess Pool	er lines	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage	ge age well	ecify below)
Direction from well	l?		How many feet?		
FROM TO	PLU	GGING MATERIALS			
14 4	Bent	onte			
4 0	cla	4			
		<del></del>	_		
7 CONTRACTOR'S OR LAN on (mo/day/year) Water Well Contract by (signature)	NDOWNER'S C	ERTIFICATION:This wate  Loand this reco se No	r well was plugged urd is true to the be This Water Well e of J.Cuin J.	nder my jurisdiction st of my knowledge ar Decord was completed LLLUMITY.Y.L	and was completed to belief. Kansas

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.