

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ellsworth	NE 1/4 SE 1/4 S 1/4	02	14 S	06 W <small>EW</small>

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

2 WATER WELL OWNER: **Jolene & Gary Funk**
 RR #, St. Address, Box #: **1102 Fairway**
 City, State, ZIP Code: **Salina, Ks. 67401**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 12 ft.
	WELL'S STATIC WATER LEVEL 0 ft.
	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 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other
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) Block
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	

Blank casing diameter **96** in. Was casing pulled? Yes No **X** If yes, how much

Casing height above or below land surface in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout **3 Bentonite** 4 Other

Grout Plug Intervals: From **12** ft. to **11.5** 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? How many feet?

FROM	TO	PLUGGING MATERIALS
12'	11.5'	Bentonite
11.5'	5'	Sand
5'	Surface	Clay Soil Cap.

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **4-10-14** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/year) **4-21-14** under the business name of _____ by (signature) **OWNER - Jolene Funk**

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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.