

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Ellsworth	SE ¼ SE ¼ SW ¼	11		14		7	

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

N/A

2	WATER WELL OWNER: Arrow J Rev. Trust	
	RR #, St. Address, Box #: 1616 Avenue H	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code : Ellsworth, KS 67439	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL ..... 62 ..... ft
			WELL'S STATIC WATER LEVEL ..... - - ..... ft.
			WELL WAS USED AS:
			<input checked="" type="radio"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="radio"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="radio"/> 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well <input type="radio"/> 4 Industrial      8 Air Conditioning      12 Other .....
			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> X .....
			If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> X .....

5	TYPE OF BLANK CASING USED:	
	<input checked="" type="radio"/> 1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below) <input type="radio"/> 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile	
	Blank casing diameter ..... 5 ..... in.	Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> X .....
	Casing height above or below land surface ..... 36 ..... in.	If yes, how much ..... below

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other .....	
	Grout Plug Intervals: From ..... 10 ..... ft. to ..... 3 ..... 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 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	<input checked="" type="radio"/> 16 Other (specify below) Pesticides .....
	Direction from well? ..... All ..... How many feet? ..... 10 .....	

FROM	TO	PLUGGING MATERIALS
62	30	Fill Sand
30	10	Subsoil Clays
10	3	Bentonite
3	0	Topsoil

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 3-27-2003 ..... 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) ..... 4-8-2003 ..... under the business name of Ellsworth County NPS Coordinator	
	by (signature) ..... Bradley D. Kratz	

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.