

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Ellsworth	NE 1/4 NW 1/4 SW 1/4	24	14	7

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

N/A

2	WATER WELL OWNER: Allan Grothusen	
	RR #, St. Address, Box #: 595 23rd Road	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 ..... 200 ..... ft
			WELL'S STATIC WATER LEVEL ..... - - ..... ft.
			WELL WAS USED AS:
			<input checked="" type="checkbox"/> 1 Domestic      5 Public Water Supply      9 Dewatering <input type="checkbox"/> 2 Irrigation      6 Oil Field Water Supply      10 Monitoring Well <input type="checkbox"/> 3 Feedlot      7 Domestic (Lawn & Garden)      11 Injection Well <input type="checkbox"/> 4 Industrial      8 Air Conditioning      12 Other .....
			Was a chemical / bacteriological sample submitted to Department? Yes ..... No <input checked="" type="checkbox"/> .....
			If yes, mo/day/yr sample was submitted .....
			Water Well Disinfected: Yes ..... No <input checked="" type="checkbox"/> .....

5	TYPE OF BLANK CASING USED:	
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile	
	Blank casing diameter ..... 4 ..... in.	Was casing pulled? Yes ..... No <input checked="" type="checkbox"/> .....
	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="checkbox"/> 3 Bentonite      4 Other .....	
	Grout Plug Intervals:      From ..... 17 ..... ft.      to ..... 3 ..... ft.,      From ..... ft.      to ..... ft.,      From ..... ft.      to ..... ft.	
	What is the nearest source of possible contamination:	
	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess Pool <input checked="" type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well	
	Direction from well? ..... Southeast .....	How many feet? ..... 200 .....

FROM	TO	PLUGGING MATERIALS
200	100	Fill Sand
100	17	Subsoil Clays
17	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) ..... 3-26-2003 ..... 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) <u>Bridley D. Kutz</u>	

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.