

No Cost Share

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
	County: Ellsworth	SE ¼ SE ¼ SW ¼	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: Arrow J Rev. Trust
	RR #, St. Address, Box #: 1616 Avenue H
	City, State, ZIP Code : Ellsworth, KS 67439
	Board of Agriculture, Division of Water Resources
	Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL190..... 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 checked="" type="checkbox"/> 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter6..... in. Was casing pulled? Yes No <input checked="" type="checkbox"/>
	Casing height above or below land surface36..... in. below If yes, how much

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite 4 Other
	Grout Plug Intervals: From8..... ft. to3..... 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 <input checked="" type="checkbox"/> 10 Livestock pens 15 Oil well/Gas well
	Direction from well?North..... How many feet?220.....

FROM	TO	PLUGGING MATERIALS
190	100	Fill Sand
100	8	Subsoil Clays
8	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.4-8-2003..... under the business name ofEllsworth County NPS Coordinator.....
	by (signature)Bradley D. Kauter.....

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.