

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Ellsworth	NE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	33	14	8 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">EW</span>

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

N/A

2	WATER WELL OWNER: Rickie Pflughoeft	
	RR #, St. Address, Box #: 1546 Avenue F	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 ..... 22 ..... ft.																							
	<div style="text-align: center;">N</div> <table border="1" style="margin: auto;"> <tr> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">NW</td> <td></td> <td style="text-align: center;">NE</td> </tr> <tr> <td style="text-align: center;">SW</td> <td></td> <td style="text-align: center;">SE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> <div style="text-align: center;">S</div>		X		NW		NE	SW		SE				WELL'S STATIC WATER LEVEL ..... 17 ..... ft.  WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn &amp; Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other .....</td> </tr> </table>	<input checked="" type="radio"/> 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 .....
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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 <input checked="" type="checkbox"/> ..... No .....																										

5	TYPE OF BLANK CASING USED:	
	1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass <input checked="" type="radio"/> 9 Other (Specify below) Galvanized Metal 2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile	
Blank casing diameter ..... 5 ..... in.      Was casing pulled?      Yes .....      No <input checked="" type="checkbox"/> .....      If yes, how much ..... Casing height above or below land surface ..... 96 ..... in. below		

6	GROUT PLUG MATERIAL:      1 Neat cement      2 Cement grout <input checked="" type="radio"/> 3 Bentonite      4 Other .....																					
Grout Plug Intervals:      From ..... 22 ..... ft.      to ..... 8 ..... ft.,      From ..... ft.      to ..... ft.,      From ..... to ..... ft.																						
What is the nearest source of possible contamination:																						
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Direction from well? ..... West .....      How many feet? ..... 100 .....																						

FROM	TO	PLUGGING MATERIALS
22	8	Bentonite
8	0	Topsoil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 4-12-2007 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5-3-2007 This Water Well Record was completed on (mo/day/year) _____
	by (signature) <i>x Rickie Pflughoeft</i>

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.