1	LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	r Range Number
Co	ounty: E	llsworth		NW 1/4 SE 1/4 SE 1/4	17	15	6
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELLOWNER: Mary N. Hoffman Estate							
	RR #, St. Address, Box #: 126 N. Douglas, Box 83 City, State, ZIP Code : Ellsworth, KS 67439 Board of Agriculture, Division of Water Resources Application Number:						rces
3		WELL'S LOCA		4 DEPTH OF WELL	13.7 tt		
	AN "X" IN SECTION BOX: N			WELL'S STATIC WATER LEVEL33 ft.			
				WELL WAS USED AS:			
w		w —	— N E —————————————————————————————————	Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp6 Oil Field Water Su7 Domestic (Lawn &8 Air Conditioning	pply 10 M or Garden) 11 Inje	vatering nitoring Well ction Well er
	s	w	— S E ——	Was a chemical / bacteriological sample submitted to Department?Yes			
			X				
		S Water Well Distillected. 165 No					
5 TYPE OF BLANK CASING USED:							
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter7 in. Was casing pulled? Yes NoX If yes, how much							much
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From92ft. to87ft., From22ft. to4ft., From to							to ft
	What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel st					6 Other	(specify below)
2 Sewer lines			ver lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storag 13 Insecticide storag	_{je} E.e.r.t	ilizers…or icides
	3 Watertight sewer lines 4 Lateral lines			9 Feedyard	14 Abandoned water	er well	icides
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?							
FROM TO PLUGGING MATERIALS							
137 92			Chlorinat				
92		87	Bentonite				
	87	22	Fill Sand				
-	22	4	Bentonite				
_	4	0	Topsoil				
		-					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was on (mo/day/year)							tion and was completed wledge and belief. Kansas completed on (mo/day/year)
by (signature) Sunder the business name of Ellsworth County NPS Coordinator							
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.							