

1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township	Number	Range	Number
County: Ellsworth		NW ¼ NW ¼ SW ¼	10		15		7	EW

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

N/A

2	WATER WELL OWNER: Melvin Arensman	
RR #, St. Address, Box #: 855 22nd Road		Board of Agriculture, Division of Water Resources
City, State, ZIP Code : Kanopolis, KS 67454		Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL182.... ft.
		WELL'S STATIC WATER LEVEL67.... 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 X If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes X No	

5	TYPE OF BLANK CASING USED:	
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <u>Galvanized Metal</u> 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile		
Blank casing diameter4.5.... in. Was casing pulled? Yes No X If yes, how much		
Casing height above or below land surface36.... in. <u>below</u>		

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
Grout Plug Intervals: From67.... ft. to61.... ft., From9.... ft. to3.... 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 10 Livestock pens 15 Oil well/Gas well		
Direction from well? <u>Northwest</u> How many feet? <u>60</u>		

FROM	TO	PLUGGING MATERIALS
182	67	Chlorinated Sand
67	61	Bentonite
61	9	Fill Sand
9	3	Bentonite
3	0	Topsoil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>6-14-2007</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>6-15-2007</u> under the business name of <u>Ellsworth County NPS Coordinator</u> This Water Well Record was completed on (mo/day/year) <u>6-15-2007</u> by (signature) <u>Brad Krutz</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, 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.