

1	LOCATION OF WATER WELL: County: Ellsworth	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 23	Township Number 15	Range Number 8 <u>W</u>																																								
Distance and direction from nearest town or city street address of well if located within city? N/A																																													
2 WATER WELL OWNER: Denny E. Helvey 2131 Columbine Court RR#, St. Address, Box #: City, State, ZIP Code : Salina, KS 67401 Board of Agriculture, Division of Water Resources Application Number:																																													
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; text-align: center; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td></tr><tr><td>N</td><td>W</td><td>N</td><td>E</td></tr><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td>W</td><td>S</td><td>E</td></tr><tr><td></td><td></td><td></td><td></td></tr></table> S						N	W	N	E				X	W			E					S	W	S	E					4 DEPTH OF WELL.....123...ft. WELL'S STATIC WATER LEVEL.....77...ft. WELL WAS USED AS: <table style="width:100%;"><tr><td>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 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> 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.....				1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below) Galvanized</td></tr><tr><td>2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter.....5.....in. Was casing pulled? Yes..... No..X.. If yes, how much..... Casing height above or below land surface.....in.						1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below) Galvanized	2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																															
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other..... Grout Plug Intervals: From...69...ft. to...64...ft., From...7...ft. to...3...ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>12 Fertilizer storage</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td>13 Insecticide storage</td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>14 Abandoned water well</td><td>15 Oil well/Gas well</td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td></td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td></td><td></td></tr></table> Direction from well? All directions.. How many feet?10						1 Septic tank	6 Seepage pit	11 Fuel storage	12 Fertilizer storage	2 Sewer lines	7 Pit privy	12 Fertilizer storage	13 Insecticide storage	3 Watertight sewer lines	8 Sewage lagoon	14 Abandoned water well	15 Oil well/Gas well	4 Lateral lines	9 Feedyard			5 Cess Pool	10 Livestock pens																						
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....10-3-95..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.10-4-95..... This Water Well Record was completed on (mo/day/year).....10-4-95..... under the business name of Ellsworth Co. Water Quality Coordinator by (signature) Brad R. Ruff																																													

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.