1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ell Sweeth	HELA NELA HWA	21	15-5	8-w
the standard with the standard				
SW COINCE OF	Jet 140 }	US 156 Hwy	Elleworth Ks	nw#7
Sw Cerver of Jet 140 & Us 156 Hwy Ellsworth Ks Mw#7 2 WATER WELLOWNER: Dow Parzer				
RR #, St. Address, Box #: 411 Bradley St City, State, ZIP Code : Ellsworth Ks 67 439 Board of Agriculture, Division of Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	49 tt		
LJ AN "X" IN SECTION BOX: ├──				
	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su	- ·	ering ring Well
	3 Feedlot	7 Domestic (Lawn 8	& Garden) 11 Injectio	on Well
W E	4 Industrial	8 Air Conditioning	12 Other	•••••
S W S E Was a chemical / bacteriological sample submitted to Department? Yes				
If yes, mo/day/yr sample was submitted				
S	Water Well Disinfected:	Yes No		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout @Bentonite @ Other				
Grout Plug Intervals: From				
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 storag		
Watertight sewer lines 4 Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide stor14 Abandoned wat	•	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas we	·II	
Direction from well? South Wift How many feet? 2.70				
FROM TO PLUG	GGING MATERIALS			
49 1 Bs. tons	4 3/2 chas			
1 D Tour!	to 3/2 chips			
1 D Topsoil	1 100 0 BIGUST			
7 CONTRACTOR'S OR LANDOWNI	ER'S CERTIFICATION: Th	is water well was plugg	ed under my jurisdiction	and was completed
on (mo/day/year) 6.729-0/ and this record is true to the best of my knowledge and belief. Kansas Water Well Gentractor's License No. 5.7.5				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 2.2. This Water Well Record was completed on (mo/day/year) by (signature) by (signature)				
by (signature)				
INSTRUCTIONS: Use typewrifer 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.				