

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Ellsworth	SE ¼ SE ¼ SE ¼	17	15	8

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

N/A

2	WATER WELL OWNER: Donald Soukup	
	RR #, St. Address, Box #: 139 W. 15th	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 120. ft.
			WELL'S STATIC WATER LEVEL 50 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 <input checked="" type="checkbox"/> X.....
			If yes, mo/day/yr sample was submitted
			Water Well Disinfected: Yes <input checked="" type="checkbox"/> X..... No

5	TYPE OF BLANK CASING USED:	
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile	
	Blank casing diameter 4 in.	Was casing pulled? Yes No <input checked="" type="checkbox"/> X.....
	Casing height above or below land surface 48 in.	If yes, how much below

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other
	Grout Plug Intervals:	From 50 ft.	to 43 ft.	From 9 ft.	to 4 ft.
	What is the nearest source of possible contamination:				
	<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input checked="" type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well				
	Direction from well? West	How many feet? 100			

FROM	TO	PLUGGING MATERIALS
120	50	Chlorinated Sand
50	43	Bentonite
43	9	Fill Sand
9	4	Bentonite
4	0	Topsoil

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 5-30-2010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 6-2-2010 This Water Well Record was completed on (mo/day/year) 6-2-2010 under the business name of Landowner by (signature) Donald J. Soukup
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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.