

1 LOCATION OF WATER WELL: County: Ellsworth	Fraction NW ¼ NW ¼ NE ¼	Section Number 28	Township Number 15S	Range Number 8W
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Distance and direction from nearest town or city street address of well if located within city?

1st & Evans, Ellsworth, KS2 WATER WELL OWNER: **St. Francis Academy Inc**RR#, St. Address, Box #: **509 E Elm St**City, State, ZIP Code: **Salina, KS 67401**

Global Positioning System (decimal degrees, min. of 4 digits)

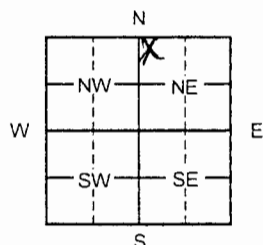
Latitude: _____

Longitude: _____

Elevation: _____

Datum: _____

Data Collection Method: _____

3 MARK WELL'S LOCATON
WITH AN "X" IN SECTION
BOX:4 DEPTH OF WELL **29.1** ft. MW11

WELL'S STATIC WATER LEVEL _____ ft.

WELL WAS USED AS:

1 Domestic

2 Irrigation

3 Feedlot

4 Industrial

5 Public Water Supply

6 Oil Field Water Supply

7 Domestic (Lawn & Garden)

8 Air Conditioning

9 Dewatering

10 Monitoring

11 Injection Well

12 Other _____

Was a chemical/bacteriological sample submitted to Department? Yes ___ No X

5 TYPE OF BLANK CASING USED:

1 Steel

3 RMP (SR)

5 Wrought

7 Fiberglass

9 Other (specify below) _____

2 PVC

4 ABS

6 Asbestos-Cement

8 Concrete Tile

Blank casing diameter **2** in. Was casing pulled? Yes X No ___ If yes, how much **5** feet

Casing height above or below land surface _____ in.

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Soil: 0-3 ft

Grout Plug Intervals: From **3** ft. to **29.1** ft., From _____ ft. to _____ ft., From _____ ft. 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

Direction from well?

5 Cess pool

10 Livestock pens

15 Oil well/Gas well

How many feet?

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
0	3	Soil			
3	29.1	Bentonite			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) **9/2/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **757**. This Water Well Record was completed on (mo/day/year) **10/5/09** under the business name of **Larsen and Associates, Inc.** by (signature) _____

INSTRUCTIONS: Please fill in blanks 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. Visit us at <http://www.kdheks.gov/waterwell>.