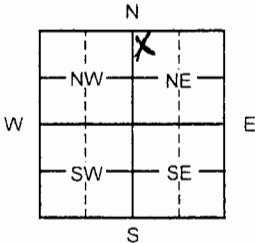


1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ellsworth	NW ¼ NW ¼ NE ¼	28	15S	8W

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

1st & Evans, Ellsworth, KS

2 WATER WELL OWNER: St. Francis Academy Inc	Global Positioning System (decimal degrees, min. of 4 digits)
RR#, St. Address, Box #: 509 E Elm St	Latitude: _____
City, State, ZIP Code: Salina, KS 67401	Longitude: _____
	Elevation: _____
	Datum: _____
	Data Collection Method: _____

3 MARK WELL'S LOCATON WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL 24.9 ft. MW12												
	WELL'S STATIC WATER LEVEL _____ ft. WELL WAS USED AS: <table border="0"> <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</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other _____</td> </tr> </table>	1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
1 Domestic	5 Public Water Supply	9 Dewatering											
2 Irrigation	6 Oil Field Water Supply	10 Monitoring											
3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well											
4 Industrial	8 Air Conditioning	12 Other _____											
	Was a chemical/bacteriological sample submitted to Department? Yes ___ No <u>X</u>												

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 <u>2</u> in. Was casing pulled? Yes <u>X</u> No ___ If yes, how much <u>5</u> 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 24.9 ft.,	From _____ ft. to _____ 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	24.9	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>.