

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																											
	County: <u>Ellsworth</u>	<u>SW 1/4 SE 1/4 SW 1/4</u>	<u>12</u>	<u>15 S</u>	<u>8 W</u> E/W																											
Distance and direction from nearest town or city street address of well if located within city? <u>3/8 mile East of 18 road on Ave F. North side of road</u>																																
2	WATER WELL OWNER: <u>James Wata</u>																															
RR #, St. Address, Box #:		Board of Agriculture, Division of Water Resources																														
City, State, ZIP Code: <u>Ellsworth KS 67439</u>		Application Number:																														
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																															
<div style="text-align: center;">N</div> <table border="1" style="width:100%; height: 100px; border-collapse: collapse;"> <tr> <td style="width: 25%;">NW</td> <td style="width: 25%;">NE</td> <td style="width: 25%;">E</td> </tr> <tr> <td style="width: 25%;">SW</td> <td style="width: 25%;">SE</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">S</td> </tr> </table> <div style="text-align: center;">W</div>		NW	NE	E	SW	SE		S			4	DEPTH OF WELL <u>57</u> ft.																				
		NW	NE	E																												
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WELL'S STATIC WATER LEVEL <u>23</u> ft.																																
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Was a chemical / bacteriological sample submitted to Department? Yes No <u>X</u>																																
If yes, mo/day/yr sample was submitted																																
Water Well Disinfected: Yes No <u>X</u>																																
5	TYPE OF BLANK CASING USED:																															
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Blank casing diameter <u>2.5</u> in. Was casing pulled? Yes No <u>X</u> If yes, how much																																
Casing height above or below land surface <u>at ground level</u> in.																																
6	GROUT PLUG MATERIAL:																															
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Grout Plug Intervals: From <u>45.7</u> ft. to <u>42</u> ft., From <u>42</u> ft. to <u>6</u> ft., From <u>6</u> ft. to <u>0</u> ft.																																
What is the nearest source of possible contamination:																																
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7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>Nov 3, 2010</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) <u>Nov. 15 2010</u> under the business name of <u>James R. Wata owner</u> by (signature)																															
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.																																