1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ellsworth		NW 1/4 SW 1/4 SE 1/4	25	15	8

Distance and direction from nearest town or city street address of well if located within city?
Approximately 40' south & 80' west of intersection of Colorado and B streets.

2 WATER WELL OWNER: Tom Wilkinson

RR#, St. Address, Box #: 228 N. Colorado
City, State, ZIP Code : Kanopolis, KS 67454

Board of Agriculture, Division of Water Resources
Application Number:

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3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:

```
              N
     ┌─────┬─────┐
     │     │     │
    N W───┼───N E
     │     │     │
  W ─┼─────┼─────┤ E
     │     │     │
    S W───┼───S E
     │   x │     │
     └─────┴─────┘
              S
```

4 DEPTH OF WELL....................36...ft.

WELL'S STATIC WATER LEVEL........29....ft.

WELL WAS USED AS:

- ①Domestic
- 2 Irrigation
- 3 Feedlot
- 4 Industrial
- 5 Public Water Supply
- 6 Oil Field Water Supply
- 7 Lawn and Garden Only
- 8 Air Conditioning
- 9 Dewatering
- 10 Monitoring Well
- 11 Injection Well
- 12 Other....................

Was a chemical/bacteriological sample submitted to Department? Yes....No.X..
If yes, mo/day/yr sample was submitted.....................

Water Well Disinfected: Yes.X... No......

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5 TYPE OF BLANK CASING USED:

1 Steel   3 RMP (SR)   5 Wrought   7 Fiberglass   ⑨Other (specify below)
2 PVC   4 ABS   6 Asbestos-Cement 8 Concrete Tile   ....Galvanized Metal

Blank casing diameter........6..in.   Was casing pulled? Yes...... No..X.. If yes, how much............
Casing height above or below land surface...............36..in. below

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6 GROUT PLUG MATERIAL: 1 Neat cement   2 Cement grout   ③Bentonite   4 Other............................

Grout Plug Intervals: From..27.ft. to..23..ft., From......ft. to ......ft., From...... to......ft.

What is the nearest source of possible contamination:

- 1 Septic tank
- 2 Sewer lines
- ③Watertight sewer lines
- 4 Lateral lines
- 5 Cess Pool
- 6 Seepage pit
- 7 Pit privy
- 8 Sewage lagoon
- 9 Feedyard
- 10 Livestock pens
- 11 Fuel storage
- 12 Fertilizer storage
- 13 Insecticide storage
- 14 Abandoned water well
- 15 Oil well/Gas well
- 16 Other (specify below)
  ....

Direction from well? ....East.........   How many feet? ....60.............

FROM	TO	PLUGGING MATERIALS
36	27	Chlorinated Sand
27	23	Bentonite
23	3	Subsoil Clays
3	0	Topsoil

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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year).....6-18-98....... 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) ....6-29-98.......... under the business name of .Ellsworth County NPS Coordinator........
by (signature) .....Bradley D. Kratz...................................

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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.