

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	Ellsworth	SW ¼ SW ¼ SE ¼	8	17	7

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

2 WATER WELL OWNER: Luther Bailey
 RR #, St. Address, Box #: 2066 Avenue T Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Geneseo, KS 67444 Application Number:

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL12..... ft
		WELL'S STATIC WATER LEVEL--..... 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...X..... If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No...X.....			

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	<input checked="" type="checkbox"/> 9 Other (Specify below)
2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile	Sandstone Rock

Blank casing diameter.....40..... in. Was casing pulled? Yes No...X..... If yes, how much
 Casing height above or below land surface60..... in. below

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

Grout Plug Intervals: From5..... ft. to4.5..... ft., From ft. to ft., From to ft.

What is the nearest source of possible contamination:

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

Direction from well?Southwest... How many feet?80.....

FROM	TO	PLUGGING MATERIALS
12	9	Subsoil Clays
9	5	Fill Sand
5	4.5	Bentonite
4.5	0	Topsoil

This was a dry hand dug well.

RECEIVED
 NOV 29 2004
 BUREAU OF WATER

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)11-16-2004..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.11-24-2004..... This Water Well Record was completed on (mo/day/year) under the business name of Ellsworth County NPS Coordinator..... by (signature) *Brad Krutz*

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.