

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number																								
	County: Ellsworth	NE ¼ NW ¼ NW ¼	19	17	9 EW																								
Distance and direction from nearest town or city street address of well if located within city? N/A																													
2	WATER WELL OWNER: David Wessler																												
RR #, St. Address, Box #: P.O. Box 19			Board of Agriculture, Division of Water Resources																										
City, State, ZIP Code : Lorraine, KS 67459			Application Number:																										
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4	DEPTH OF WELL 70 ft.																									
N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td style="text-align: center;">X</td><td></td></tr> <tr><td style="text-align: center;">NW</td><td></td><td style="text-align: center;">NE</td></tr> <tr><td style="text-align: center;">W</td><td></td><td style="text-align: center;">E</td></tr> <tr><td style="text-align: center;">SW</td><td></td><td style="text-align: center;">SE</td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td style="text-align: center;">S</td><td></td></tr> </table>			X		NW		NE	W		E	SW		SE					S		WELL'S STATIC WATER LEVEL 58 ft.									
			X																										
		NW		NE																									
		W		E																									
SW		SE																											
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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 Well ☐ 11 Injection Well ☐ 12 Other																										
Was a chemical / bacteriological sample submitted to Department? Yes No ☒ If yes, mo/day/yr sample was submitted																													
Water Well Disinfected: Yes ☒ No																													
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 5 in. Was casing pulled? Yes No ☒ If yes, how much																													
Casing height above or below land surface 72 in. below																													
6	GROUT PLUG MATERIAL: ☐ 1 Neat cement ☐ 2 Cement grout ☒ 3 Bentonite ☐ 4 Other																												
Grout Plug Intervals: From 10 ft. to 6 ft., From ft. to ft., From 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 ☐ 5 Cess pool ☐ 10 Livestock pens ☐ 15 Oil well/Gas well																													
Direction from well? Northwest How many feet? 20																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">FROM</th> <th style="width:10%;">TO</th> <th style="width:80%;">PLUGGING MATERIALS</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">70</td> <td style="text-align: center;">50</td> <td>Chlorinated Sand</td> </tr> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">10</td> <td>Subsoil Clays</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">6</td> <td>Bentonite</td> </tr> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> <td>Topsoil</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						FROM	TO	PLUGGING MATERIALS	70	50	Chlorinated Sand	50	10	Subsoil Clays	10	6	Bentonite	6	0	Topsoil									
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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) 7-15-2005 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) 8-10-2005 under the business name of Ellsworth County NPS Coordinator by (signature) <i>Brad Kintz</i>																												

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.