

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ellsworth	SW 1/4 SE 1/4 SW 1/4	25	17	9

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

2 WATER WELL OWNER: Roscoe Craig Jr. RR#, St. Address, Box #: Rt. 1 Box 49 City, State, ZIP Code : Lorraine, KS 67459	Board of Agriculture, Division of Water Resources Application Number:
---	--

3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td colspan="2" style="text-align: center;">N W</td><td colspan="2" style="text-align: center;">N E</td></tr> <tr><td style="text-align: center;">W</td><td></td><td></td><td style="text-align: center;">E</td></tr> <tr><td colspan="2" style="text-align: center;">S W</td><td colspan="2" style="text-align: center;">S E</td></tr> <tr><td></td><td style="text-align: center;">X</td><td></td><td></td></tr> <tr><td colspan="4" style="text-align: center;">S</td></tr> </table>	N W		N E		W			E	S W		S E			X			S				4 DEPTH OF WELL.....24 ft. WELL'S STATIC WATER LEVEL...No water ft. WELL WAS USED AS: <table style="width:100%;"> <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 Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Lawn and Garden Only</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other.....</td> </tr> </table> 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...	① Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....
N W		N E																															
W			E																														
S W		S E																															
	X																																
S																																	
① Domestic	5 Public Water Supply	9 Dewatering																															
2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well																															
3 Feedlot	7 Lawn and Garden Only	11 Injection Well																															
4 Industrial	8 Air Conditioning	12 Other.....																															

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 Galvanized	Blank casing diameter.....6 in. Was casing pulled? Yes..... No..X... If yes, how much..... Casing height above or below land surface.....48 in. below
--	---

6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other..... Grout Plug Intervals: From...7 ft. to...4 ft., From.....ft. toft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td>16 Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td>.....</td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess Pool</td> <td>⑩ Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table> Direction from well?East How many feet? ..60	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		<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>28</td> <td>17</td> <td>Chlorinated Sand</td> </tr> <tr> <td>17</td> <td>7</td> <td>Subsoil Clays</td> </tr> <tr> <td>7</td> <td>4</td> <td>Bentonite</td> </tr> <tr> <td>4</td> <td>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	28	17	Chlorinated Sand	17	7	Subsoil Clays	7	4	Bentonite	4	0	Topsoil									
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																																											
FROM	TO	PLUGGING MATERIALS																																											
28	17	Chlorinated Sand																																											
17	7	Subsoil Clays																																											
7	4	Bentonite																																											
4	0	Topsoil																																											

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).....8-12-94..... 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).....8-12-94..... under the business name of Ellis. Co. Water Quality Coordinator by (signature)Brad Kiefer.....
---	---

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.