

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Marshall</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>		<u>19</u>		<u>T 2 S</u>		<u>R 7 E</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>From Marysville 36 Highway north 1/2 mi</u> <u>5 mi West 3 mi north on West side of road</u>									
2 WATER WELL OWNER: <u>Joe Ellenbaker</u>									
RR#, St. Address, Box # :				Board of Agriculture, Division of Water Resources					
City, State, ZIP Code : <u>Marysville KS. 66508</u>				Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:				4 DEPTH OF COMPLETED WELL: <u>80</u> ft. ELEVATION:					
				Depth(s) Groundwater Encountered 1. <u>59</u> ft. 2. <u>59</u> ft. 3. <u>59</u> ft.					
				WELL'S STATIC WATER LEVEL <u>5.8</u> ft. below land surface measured on mo/day/yr <u>3-18-82</u>					
				Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm					
				Est. Yield <u>8</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm					
Bore Hole Diameter <u>10</u> in. to <u>18</u> in. and _____ in. to _____ in.				WELL WATER TO BE USED AS:					
				5 Public water supply		8 Air conditioning		11 Injection well	
1 Domestic				3 Feedlot		6 Oil field water supply		9 Dewatering	
2 Irrigation				4 Industrial		7 Lawn and garden only		10 Observation well	
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 <u>X</u> No _____									
5 TYPE OF CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <u>X</u> Clamped _____									
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____									
7 Fiberglass _____ Threaded _____									
Blank casing diameter <u>5</u> in. to <u>10</u> in. Dia _____ in. to _____ in. Dia _____ in. to _____ in.									
Casing height above land surface <u>12</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>2.67</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____									
12 None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes									
7 Torch cut 10 Other (specify) _____									
SCREEN-PERFORATED INTERVALS: From <u>4.0</u> ft. to <u>8.0</u> ft. From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>8.0</u> ft. to <u>18</u> ft. From _____ ft. to _____ ft.									
6 GROUT MATERIAL:									
1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout intervals: From <u>16</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well									
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____									
13 Insecticide storage _____									
Direction from well? <u>South</u>				How many feet? <u>215</u>					
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		4		Top Soil, Black					
4		18		Clay, red					
18		37		Rock, limestone yellow					
37		50		Clay, red					
50		60		Rock, lime yellow		Water at 59 ft			
60		65		Shale, Blue, soft					
65		80		Shale, Blue, hard					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Mar 18 82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>237</u> This Water Well Record was completed on (mo/day/yr) <u>March 22 82</u> under the business name of <u>Strader Drilling Co.</u> by (signature) <u>Harold Strader</u>									
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. See three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER OWNER and retain one for your records.									