		LL RECORD	Form W	WC-5	D	ivision of Water	r Resources App. No	).	
Co	unty: Elli		Fraction SW 1/4 SW 1/4 SV	V 1/4 1/4	Secti	ion Number 10	Township No. T 11 S	Range Number R 19 □E ☑W	
Str	eet/Rural	Address of Well Location;	if unknown, distance	Globa	al Positioning	System (GPS) in			
fro	from nearest town or intersection: If at owner's address, check here .					Latitude: (in decimal degrees)			
1	5 miles north, 1 mile east from Ellis, Ks				Long	Longitude: (in decimal degrees)			
	The state of the s				Eleva	Elevation:			
2 33/	A TUTTO XX	ELL OWNER: Kurt Se		·	Datur	m: WGS 84	I. □ NAD 83. □	NAD 27	
		Truit Oc		•	Colle	Collection Method:			
	RR#, Street Address, Box #: 1802 E. 27th. Apt B City, State, ZIP Code : Have KS 67601					GPS unit (Mak	e/Model:	)	
Ci	iy, State,	Elir Code : Havs, K	S 67601	S 67601		☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
3 LOCATE WELL   Est. Accuracy:   <3 m,   3-5 m,   5-15 m,   >15									
1	WITH AN "X" IN 4 DEPTH OF COMPLETED WELL .30 ft.								
1	SECTION BOX: Denth(s) Groundwater Encountered (1) 8 9 (2)								
	N WELL'S STATIC WATER LEVEL 8 A below to de la constant de la cons								
r	SECTION BOX:  Depth(s) Groundwater Encountered (1).8 ft. (2)								
,	Pump test data: Well water was 12 ft. after 1 hours pumping. 30 gpm  EST. YIELD 30 gpm. Well water was ft. after hours pumping. gpm  Bore Hole Diameter in. to ft., and in. to ft.  WELL WATER TO BE USED AS: Public water supply Geothermal Injection well  Domestic Feedlot Oil field water supply Dewatering Other (Specify below)  Irrigation Industrial Domestic-lawn & garden Monitoring well								
w									
"									
X									
ļ	Was a chemical/bacteriological sample submitted to Department? Yes No								
S If ves. mo/day/vr sample was submitted									
Water well disinfected? ✓ Yes ☐ No									
5 TYPE OF CASING USED: Steel PVC Other									
CASING JOINTS:  Glued  Clamped  Welded  Threaded									
Casing diameter 5 in to 30 ft Diameter in to a Diameter									
Casing neight above land surface,									
TILD OF BORDER OR FERTONATION WATERIAL.									
Steel Stainless Steel PVC Other (Specify)									
Brass Li Galvanized Steel Li None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)									
Louvered shutter Key punched Wire wrapped Saw cut  SCREEN-PERFORATED INTERVALS: From 30									
SCREEN-PERFORATED INTERVALS: From 30 ft. to10 ft., From ft. to									
From									
From 9 to 9 to 1. Tom									
From									
1	Intervals:	From .8 ft. to	0 ft. From		nic _ ft to	J Outer	 Fram	θ το Δ	
What is	s the near	est source of possible conta	mination:			····················· Alog .	глош	π. τοπ.	
Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (crecify below)									
<u></u>		nes	Sewage lagoon	☐ Fuel storag	e	Abandoned	water well	(speedly bolow)	
الله الله	] Watertig	ht sewer lines	it Feedyard	Fertilizer st	orage	Oil well/gas	well	**********	
FROM	TO	n well			from we	<u>:11</u>	•••••••••		
0	2	LITHOLOG	IC LOG	FROM	TO	LITHO. LO	G (cont.) <u>or</u> PLU(	GGING INTERVALS	
2	4	Top Soil					-		
4	15	Gumbo Clay Gravel		<del> </del>		***		***************************************	
15	30	Shale				· · · · · · · · · · · · · · · · · · ·			
	1	Onaic		<del> </del>			**************************************		
<del></del>				<del> </del>		· · · · · · · · · · · · · · · · · · ·			
····		**************************************		<u> </u>				A-100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
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		, de arros de la composição de la composiçõe de la composição de la compos		-					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged									
which my full building was contributed on (mo/day/year) 12/10/11 and this record is time to the limit of the second in time to the s									
Kansas Water Well Contractor's License No. 0199 This Water Well Record was completed on (mo/day/year) 12/22/11 under the business name ofKarst Water Well Drilling and Service. I by (signature)									
minor n	ic cusines		A CO COMBINE SHO SHI	VIC 364 I	harr (ai		12 W	Call Call	
INSTRU	CTIONS:	Use typewriter or ball point pen.  Kansas Department of Health	PLEASE PRESS FIRMLY	and PRINT clea	arly. Plea	ise fill in blanks a	and check the correct	mswers Send three copies	
Telephon	iuc, pink) to e 785-296-	Kansas Department of Health a 5522. Send one copy to WATF	and Environment, Bureau o	of Water, Geolo	gy Section	n, 1000 SW Jack	son St., Suite 420, To	opeka, Kansas 66612-1367.	
Telephone 785-296-5522. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at									