

1 LOCATION OF WATER WELL: County: Trego	Fraction 1/4 SW 1/4 SW 1/4 SE 1/4	Section Number 34	Township No. T 11 S	Range Number R 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> Approximately 4 miles north and 1 mile west of Ogallah.		Global Positioning System (GPS) information: Latitude: 39.045306 (in decimal degrees) Longitude: -99.750575 (in decimal degrees) Elevation: Unknown Datum: <input type="checkbox"/> WGS 84, <input checked="" type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: WAAS) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> <3 m, <input checked="" type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		

2 WATER WELL OWNER: **City of Ellis**
 RR#, Street Address, Box #: **815 Jefferson**
 City, State, ZIP Code : **Ellis, KS 67637**

3 LOCATE WELL WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF COMPLETED WELL 152 ft. Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft. WELL'S STATIC WATER LEVEL 82.10 ft. below land surface measured on 04/09/15 Pump test data: Well water was <input type="checkbox"/> not checked <input type="checkbox"/> ft. after _____ hours pumping _____ gpm EST. YIELD _____ gpm. Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8 3/4 in. to 155 ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) Test Well <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____ Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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5 TYPE OF CASING USED: Steel PVC Other _____
CASING JOINTS: Glued Clamped Welded Threaded Other (Specify) _____
 Casing diameter **5** in. to **83** ft., Diameter **5** in. to **130** ft., Diameter _____ in. to _____ ft.
 Casing height above land surface **24** in., Weight **2.36** lbs./ft., Wall thickness or gauge No. **.214**
TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify) _____
 Brass Galvanized Steel 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 Other (specify) _____
SCREEN-PERFORATED INTERVALS: From **83** ft. to **93** ft., From **130** ft. to **150** ft.
GRAVEL PACK INTERVALS: From **50** ft. to **74** ft., From **80** ft. to **155** ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other _____
 Grout Intervals: From **0** ft. to **50** ft., From **74** ft. to **80** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) _____
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well **None Known**
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well _____ Distance from well _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	1	Topsoil	69	70	Clay, gray, green, brown, white
1	5	Clay, brown	70	93	Sand, gravel, fine to medium, thin clay streaks
5	6	Sand, fine	93	95	Clay, gray, green, yellow, brown
6	7	Clay, white, tan, brown	95	102	Clay, gray, brown
7	20	Cemented sand, white clay streaks	102	103	Sand, fine
20	45	Cemented sand	103	111	Clay, gray, green, tan, brown
45	54	Cemented sand, sand streaks	111	115	Clay, brown, gray, sandy, fine sand
54	60	Sand, gravel, fine to coarse	115	128	Sand, fine, white
60	62	Clay, gray, green	128	130	Clay, brown, white
62	69	Clay, gray, green, cemented sand	130	150	Sand, gravel, fine to coarse, thin clay streaks

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **04/09/15** and this record is true to the best of my knowledge and belief.
 Kansas Water Well Contractor's License No. **185** This Water Well Record was completed on (mo/day/year) **04/14/15**
 under the business name of **Clarke Well & Equipment, Inc.** by (signature) _____

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY and PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, 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 <http://www.kdheks.gov/waterwell/index.html>.

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

I LOCATION OF WATER WELL:	Fraction	Section Number	Township No.	Range Number
County: Trego	$\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$ SE $\frac{1}{4}$	34	T 11 S	R 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
150	153	Clay, white, tan			
153	155	Clay, white, yellow			
155	160	Shale, gray, brown			

RECEIVED
 APR 30 2015
 KS GEO SURVEY