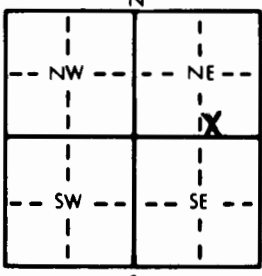


1 LOCATION OF WATER WELL: County: **ELLIS** Fraction: **SW 1/4 SE 1/4 NE 1/4** Section Number: **33** Township Number: **T 12 S** Range Number: **R 17 E N**

Distance and direction from nearest town or city street address of well if located within city?  
**1/2 Mile East, 2 1/2 miles North of Catherine KS**

2 WATER WELL OWNER: **WALTER STAAB**  
 RR#, St. Address, Box #: **1010 W 39th** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **HAYS KS 67601** Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **32** ft. ELEVATION: \_\_\_\_\_ ft.  
 Depth(s) Groundwater Encountered 1. **22** ft. 2. \_\_\_\_\_ ft. 3. \_\_\_\_\_ ft.  
 WELL'S STATIC WATER LEVEL: **20** ft. below land surface measured on mo/day/yr **8-24-95**  
 Pump test data: Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Est. Yield: **20** gpm Well water was \_\_\_\_\_ ft. after \_\_\_\_\_ hours pumping \_\_\_\_\_ gpm  
 Bore Hole Diameter: **5** in. to **32** ft., and \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 WELL WATER TO BE USED AS:  
 5 Public water supply  8 Air conditioning  11 Injection well  
 3 Domestic  3 Feedlot  6 Oil field water supply  9 Dewatering  12 Other (Specify below)  
 2 Irrigation  4 Industrial  7 Lawn and garden only  10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes \_\_\_\_\_ No  **XX**; If yes, mo/day/yr sample was submitted \_\_\_\_\_  
 Water Well Disinfected? Yes \_\_\_\_\_ No  **XX**

5 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile  CASING JOINTS: Glued  **XX** Clamped \_\_\_\_\_  
 **XX** PVC  4 ABS  6 Asbestos-Cement  9 Other (specify below) \_\_\_\_\_ Welded \_\_\_\_\_  
 7 Fiberglass \_\_\_\_\_ Threaded \_\_\_\_\_  
 Blank casing diameter: **5** in. to **20** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
 Casing height above land surface: **20** in., weight **160** lbs./ft. Wall thickness or gauge No. \_\_\_\_\_  
 TYPE OF SCREEN OR PERFORATION MATERIAL:  
 **XX** PVC  10 Asbestos-cement  
 1 Steel  3 Stainless steel  5 Fiberglass  8 RMP (SR)  11 Other (specify) \_\_\_\_\_  
 2 Brass  4 Galvanized steel  6 Concrete tile  9 ABS  12 None used (open hole)  
 SCREEN OR PERFORATION OPENINGS ARE:  
 1 Continuous slot  **XX** 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 **20** ft. to **32** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 GRAVEL PACK INTERVALS: From **15** ft. to **32** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

6 GROUT MATERIAL: 1 Neat cement  2 Cement grout   **XX** Bentonite  4 Other \_\_\_\_\_  
 Grout Intervals: From **0** ft. to **20** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ 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? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	8	Surface Clays			
8	18	Hard Gray Clays			
18	22	Fine Sand			
22	26	Large White Water Rock			
26	32	Soap Stone			
32		Blue Shale			

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) **8-24-95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **444** This Water Well Record was completed on (mo/day/yr) **8-24-95** under the business name of **ANDERSON DRILLING** by (signature) *Andy Anderson*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
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EW  
SEC.  
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