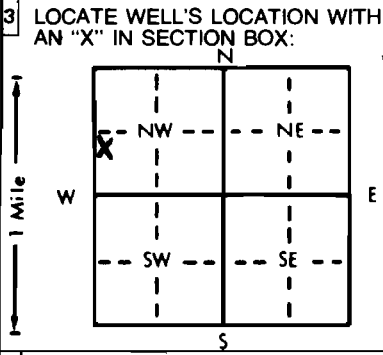


MW-4

1 LOCATION OF WATER WELL: County: **Ellis** Fraction: **NW**  $\frac{1}{4}$  **SW**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$  Section Number: **27** Township Number: **T 13 S** Range Number: **R 18 EW**

Distance and direction from nearest town or city street address of well if located within city?  
**Golden Ox Truck Stop**

2 WATER WELL OWNER: **Golden Ox Restaurant Attn: Ed Janzen** Board of Agriculture, Division of Water Resources  
 RR#, St. Address, Box # **N. Hwy 183, Hays Kansas 67601** Application Number: **-----**  
 City, State, ZIP Code



4 DEPTH OF COMPLETED WELL: **27** ft. ELEVATION: **-----**  
 Depth(s) Groundwater Encountered: **1.19.5** ft. 2. **-----** ft. 3. **-----** ft.  
 WELL'S STATIC WATER LEVEL: **18.47** ft. below land surface measured on **mo/day/yr 5/9/95**  
 Pump test data: Well water was **-----** ft. after **-----** hours pumping **-----** gpm  
 Est. Yield **-----** gpm; Well water was **-----** ft. after **-----** hours pumping **-----** gpm  
 Bore Hole Diameter: **8.625** in. to **27** in. to **-----** in. to **-----** ft.  
 WELL WATER TO BE USED AS:  
 1 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**  **mw-4**  
 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**

5 TYPE OF BLANK CASING USED:  
 1 Steel  3 RMP (SR)  5 Wrought iron  8 Concrete tile  CASING JOINTS: Glued  Clamped   
**2 PVC**  4 ABS  6 Asbestos-Cement  9 Other (specify below)  Welded   
 7 Fiberglass  Threaded  **X**  
 Blank casing diameter **2** in. to **17** in. Dia. **-----** in. to **-----** in. Dia. **-----** in. to **-----** ft. Dia. **-----** in. to **-----** ft.  
 Casing height above land surface **0** in., weight **SCH 40 PVC** lbs./ft. Wall thickness or gauge No. **-----**  
 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 **17** ft. to **27** ft., From **-----** ft. to **-----** ft., From **-----** ft. to **-----** ft.  
**SAND**  
~~GRAVEL~~ PACK INTERVALS: From **16** ft. to **27** ft., From **-----** ft. to **-----** ft., From **-----** ft. to **-----** ft.

6 GROUT MATERIAL: 1 Neat cement  **2 Cement grout**  3 Bentonite  4 Other   
 Grout Intervals: From **0** ft. to **14** ft., From **3** ft. to **14** ft., From **16** 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)**   
**Contaminated site**  
 Direction from well? **-----** How many feet? **-----**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
GL	1.00	Asphalt			
1.00	15.50	Silty Clay			Flush Mount Wai
15.50	23.50	Silty Clay (cl)			Don Taylor
23.50	25.00	Silty Sand			4/20/95
25.00	27.00	Sandy Clay			
27.00	TD	End of Borehole			

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) **5/2/95** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **585** This Water Well Record was completed on (mo/day/yr) **5/10/95** under the business name of **Associated Environmental, Inc.** by (signature) *D. Johnson for Dawn Duncan*

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.