

1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: <u>ELLIS</u>	<u>SE 1/4 SE 1/4 NE 1/4</u>	<u>24</u>	<u>T 13 S</u>	<u>R 19 E</u>

Distance and direction from nearest town or city? HAYS WESTON HWY 40 2 West 1 3/4 North  
 Street address of well if located within city?

2 WATER WELL OWNER: TOM STAFFORD  
 RR#, St. Address, Box #: HAYS K27601  
 City, State, ZIP Code: RR # 2  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 DEPTH OF COMPLETED WELL: 80 ft. Bore Hole Diameter: 10 in. to . . . . . ft., and . . . . . in. to . . . . . ft.  
 Well Water to be used as:  
 Domestic   3 Feedlot   6 Oil field water supply   9 Dewatering   11 Injection well  
 2 Irrigation   4 Industrial   7 Lawn and garden only   10 Observation well   12 Other (Specify below)  
 Well's static water level: 56 ft. below land surface measured on . . . . . month 13 day 81 year  
 Pump Test Data: Well water was . . . . . ft. after . . . . . hours pumping. . . . . gpm  
 Est. Yield 20 gpm: Well water was 58 ft. after 1 hr. hours pumping 20 gpm

4 TYPE OF CASING USED:  
 1 Steel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specify below)   Welded . . . . .  
 2 PVC   4 ABS   7 Fiberglass   SDR 26 PLST   Threaded . . . . .  
 Blank casing dia: 5 in. to 60 ft., Dia in. to . . . . . ft., Dia in. to . . . . . ft.  
 Casing height above land surface: 18 in., weight . . . . . lbs./ft. Wall thickness or gauge No. SDR 26 PLST  
 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) SDR 26 PLST  
 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-Perforation Dia: 5 in. to . . . . . ft., Dia in. to . . . . . ft., Dia in. to . . . . . ft.  
 Screen-Perforated Intervals: From 60 ft. to 80 ft., From . . . . . ft. to . . . . . ft.  
 Gravel Pack Intervals: From 55 ft. to 80 ft., From . . . . . ft. to . . . . . ft.

5 GROUT MATERIAL:  Neat cement   2 Cement grout   3 Bentonite   4 Other . . . . .  
 Grouted Intervals: From 16 ft. to 26 ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
 What is the nearest source of possible contamination:  
 Septic tank   4 Cess pool   7 Sewage lagoon   10 Fuel storage   14 Abandoned water well  
 Sewer lines   5 Seepage pit   8 Feed yard   11 Fertilizer storage   15 Oil well/Gas well  
 3 Lateral lines   6 Pit privy   9 Livestock pens   12 Insecticide storage   16 Other (specify below)  
 13 Watertight sewer lines . . . . .  
 Direction from well: South How many feet: 75 ? Water Well Disinfected?  Yes    No  
 Was a chemical/bacteriological sample submitted to Department? Yes  No  If yes, date sample was submitted: 3 month 11 day 81 year: Pump Installed? Yes  No   
 If Yes: Pump Manufacturer's name . . . . . Model No. . . . . HP . . . . . Volts . . . . .  
 Depth of Pump Intake . . . . . ft. Pumps Capacity rated at . . . . . gal./min.  
 Type of pump: 1 Submersible   2 Turbine   3 Jet   4 Centrifugal   5 Reciprocating   6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on 3 month 14 day 81 year  
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 276  
 This Water Well Record was completed on 3 month 14 day 81 year under the business name of Linea Water Well Drldg by (signature) John Linea

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
	0	81	Top soil			
	8	57	BROWN clay			
	57	78	FINE TO COARSE GRAY SAND & brown clay			
	78	80	SHALE (BLUE)			

ELEVATION:  
 Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft. 4. . . . . ft. (Use a second sheet if needed)  
 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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY  
T 13  
R 19  
SEC. 24  
SE 1/4 SE 1/4 NE 1/4