

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ellis</b>	<b>NE 1/4 SE 1/4 SE 1/4</b>	<b>9</b>	<b>T 13 S</b>	<b>R 19 X/W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**I-70 & Yocemento: 3/4 north, west side**

2 WATER WELL OWNER: **Leon Basgall**  
 RR#, St. Address, Box # : **310 W 1st**  
 City, State, ZIP Code : **LaCrosse, KS 67548**

Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL <b>90</b> ft. ELEVATION:	Depth(s) Groundwater Encountered <b>1 15</b> ft. <b>2 45</b> ft. <b>3</b> ft. WELL'S STATIC WATER LEVEL <b>42</b> ft. below land surface measured on <b>8/16/04</b> mo/day/yr Pump test data: Well water was <b>42</b> ft. after <b>2</b> hours pumping <b>25</b> gpm Est. Yield <b>25</b> gpm: Well water was <b>42</b> ft. after <b>2</b> hours pumping <b>25</b> gpm WELL WATER TO BE USED AS: <b>1</b> Domestic <b>3</b> Feedlot <b>6</b> Oil field water supply <b>9</b> Dewatering <b>12</b> Other (Specify below) <b>2</b> Irrigation <b>4</b> Industrial <b>7</b> Domestic (lawn & garden) <b>10</b> Monitoring well
	Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> .....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <b>X</b> No	

5 TYPE OF BLANK CASING USED: **2** 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped  
**1** Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded  
**2** PVC 4 ABS 7 Fiberglass Threaded

Blank casing diameter **5** in. to **38** ft., Dia **2.91** in. to **21** lbs./ft. Wall thickness or gauge No. **21**

Casing height above land surface **24** in., weight

TYPE OF SCREEN OR PERFORATION MATERIAL: **7** 7 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: **8** 5 Guazed wrapped 8 Saw cut 11 None (open hole)  
**1** Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  
**2** Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft.

SCREEN-PERFORATED INTERVALS: From **38** ft. to **90** ft., From ft. to ft.  
 GRAVEL PACK INTERVALS: From **90** ft. to **20** ft., From ft. to ft.

6 GROUT MATERIAL: **3** 1 Neat cement 2 Cement grout 3 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	15	Topsoil and clay			
15	20	Fine sand			
20	45	Clay			
45	50	Sand			
50	90	Shale with codell sand strings			

RECEIVED  
 OCT 07 2004  
 BUREAU OF WATER

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) **9/20/04** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No **199** This Water Well Record was completed on (mo/day/yr) **9/30/04** under the business name of **Karst Water Well Drilling & Service, Inc.** by (signature)

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.