

1 LOCATION OF WATER WELL: Fraction: SW 1/4 SE 1/4 NE 1/4 Section Number: 8 Township Number: 13 Range Number: 20 West
 County: Ellis

Distance and direction from the nearest town, or city street address of well, if in city?
 west of Washington and 10th Streets, north side of street, on west side of entrance to bank

2 WATER WELL OWNER: Ellis Stop 2 Shop WELL ID: MW9
 Address, Box #: 1000 Washington Board of Agriculture, Division of Water Resources
 City, State, Zip Code: Ellis, Kansas Application Number:

3 LOCATE WELL WITH AN "X"

		X	

4 DEPTH WELL COMPLETED: 18 ft. ELEVATION: 2116.83 (TOC)
 Depth(s) Groundwater Encountered:
 WELL'S STATIC WATER LEVEL: 10.70 feet below land surface measured on month/day/year 9/25/95
 Pump test data: all water was _____ feet after _____ hours _____ gpm
 Est. Yield _____ Well water was _____ feet after _____ hours _____ gpm
 Bore Diam. _____ inches to _____ feet, and _____ hours _____ feet
 WELL WATER TO BE USED AS: 5 PWS 8 air condition 11 injection
 1 domestic 3 feedlot 6 oil field 9 dewatering 12 other (specify)
 2 irrigation 4 industrial 7 lawn/garden 10 monitoring well
 Was a chemical / bacteriological sample submitted Department? _____ yes _____ no X
 If yes, month/day/year sample was submitted _____ Well Disinfected? _____ yes _____ no X

5 TYPE OF BLANK CASING: 1 Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS:
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other Glued _____ Welded _____
 Clamped _____ Threaded _____ X
 Blank casing diameter 2 inches to 8 feet, Diam. _____ inches to _____ feet
 Casing height above land surface 0 inches, weight _____ lbs./foot Wall thickness or gauge No. 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement
 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify)

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 INTERVALS: from: 8 feet to 18 feet from: _____ feet to _____ feet
 from: _____ feet to _____ feet from: _____ feet to _____ feet

GRAVEL PACK INTERVALS: from: 7 feet to 19 feet from: _____ feet to _____ feet
 from: _____ feet to _____ feet from: _____ feet to _____ feet

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout X 3 Bentonite X
 Grout Intervals: from 0 feet to 6 feet, from 6 feet to 7 feet

What is the nearest source of possible contamination:
 Septic tank (1) _____ Seepage pit (6) _____ Fuel storage (11) X
 Sewer lines (2) _____ Pit pivy (7) _____ Fertilizer storage (12) _____
 Watertight sewer lines (3) _____ Sewage lagoon (8) _____ Insecticide storage (13) _____
 lateral lines (4) _____ Feedyard (9) _____ Abandoned water well (14) _____
 Cess pool (5) _____ Livestock pens (10) _____ Oil/Gas well (15) _____
 Other (specify) (16) _____
 Direction from well? _____ How many feet (approximate)? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	0.5	Concrete			
0.5	10	Clay, silt, light brown, moist, medium plasticity			
10	19	Clay, silt, sand, brown, medium plasticity			

WELL ID: MW9
 WELL TAG: _____
 VARIANCE BY: D. Taylor

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 (mth/day/yr) 9/21/95 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License Number 483. This Water Well Record was completed on (mo/day/yr) 11/15/95 under the business name: T.E.S.T. 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 Depart. of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: (913) 296-5545. Send one to Well Owner and retain one for your records.