

1 LOCATION OF WATER WELL: County: Ellis	Fraction: SW 1/4 SE 1/4 NE 1/4	Section Number: 8	Township Number: 13	Range Number: 20 West
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Distance and direction from the nearest town, or city street address of well, if in city?
near pump island (northwest)

2 WATER WELL OWNER: Ellis Stop 2 Shop Address, Box #: 1000 Washington City, State, Zip Code: Ellis, Kansas	WELL ID: MW1 Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL	WITH AN "X"

4 DEPTH WELL COMPLETED: 18 ft.	ELEVATION: 2117.63 (TOC)
Depth(s) Groundwater Encountered: 15	
WELL'S STATIC WATER LEVEL: 11.95 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:	
1 domestic 3 feedlot 6 oil field 8 air condition 11 injection	
2 irrigation 4 industrial 7 lawn/garden 9 dewatering 12 other (specify)	
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 _____
			7 Fiberglass		Clamped _____ Threaded X
Blank casing diameter 2 inches to 8 feet, Diam. _____ inches to _____ feet		Casing height above land surface 0 inches, weight _____ lbs./feet 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: **6.5** feet to **20** 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 5.5 feet,	from 5.5 feet to 6.5 feet	

What is the nearest source of possible contamination:

Septic tank (1) _____	Seepage pit (6) _____	Fuel storage (11) X
Sewer lines (2) _____	Pit privy (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	7	Clay, sand, dk brown, moist, med. plasticity			
7	13	Clay, silt, light brown, low plasticity			
13	20	Clay, fine sand, gray to light brown, low plasticity			

	WELL ID: MW1
	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) 9/19/95 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 (mth/day/yr) 11/5/95 under the business name: T.E.S.T. by (signature) <i>[Signature]</i>
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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.