

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**

Distance and direction from the nearest town, or city street address of well, if in city?
southeast of pump islands, east side of Washington Street, about halfway down alley (on south side)

2 WATER WELL OWNER: **Ellis Stop 2 Shop** WELL ID: **MW6**
 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'
 4 DEPTH WELL COMPLETED: **18** ft. ELEVATION: **2118.07 (TOC)**
 Depth(s) Groundwater Encountered: _____
 WELL'S STATIC WATER LEVEL: **13.93** 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)
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 **2 PVC** 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other
 Casing joints: 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./feet Wall thickness or gauge No. **40**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile **7 PVC** 8 RMP (SR) 9 Asbestos-cement 10 Other (specify) 11 None (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 1 Continuous slot **3 3/8" slot** 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)
 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 **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 **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 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 | 11 | Clay, silt, light brown, moist, medium plasticity | | | |
| 11 | 19 | Clay, silt, gray medium plasticity | | | |
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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) **9/20/95** 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) _____

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.