

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

Distance and direction from the nearest town, or city street address of well, if in city?  
east of Washington and 11th Streets, on north side of street, southwest corner of alley driveway

2 WATER WELL OWNER: <u>Ellis Stop 2 Shop</u>	WELL ID: <u>MW7</u>
Address, Box #: <u>1000 Washington</u>	Board of Agriculture, Division of Water Resources
City, State, Zip Code: <u>Ellis, Kansas</u>	Application Number:

3 LOCATE WELL WITH AN "X"

4 DEPTH WELL COMPLETED:	<u>19</u>	ft.	ELEVATION:	<u>2120.12 (TOC)</u>
Depth(s) Groundwater Encountered:				
WELL'S STATIC WATER LEVEL:	<u>15.24</u>	feet below land surface	measured on month/day/year	<u>9/25/95</u>
Pump test data: all water was	_____	feet after	_____	hours _____ gpm
Est. Yield	_____	Well water was	_____	hours _____ gpm
Bore Diam.	_____	inches to	_____	hours _____ feet
WELL WATER TO BE USED AS:	<u>5 PWS</u>	<u>8 air condition</u>	<u>11 injection</u>	
1 domestic	<u>3 feedlot</u>	<u>6 oil field</u>	<u>9 dewatering</u>	<u>12 other (specify)</u>
2 irrigation	<u>4 industrial</u>	<u>7 lawn/garden</u>	<u>10 monitoring well</u>	
Was a chemical / bacteriological sample submitted Department?	yes _____		no <u>X</u>	
If yes, month/day/year sample was submitted	_____		Well Disinfected?	yes _____ no <u>X</u>

5 TYPE OF BLANK CASING:	5 Wrought Iron	8 Concrete tile	CASING JOINTS:
1 Steel	3 RMP (SR)	6 Asbestos-Cement	Glued _____ Welded _____
<u>2 PVC</u>	4 ABS	7 Fiberglass	Clamped _____ Threaded <u>X</u>
Blank casing diameter	<u>2</u> inches to <u>9</u> feet, Diam.	_____ inches to _____ feet	
Casing height above land surface	<u>0</u> inches, weight _____	lbs./feet	Wall thickness or gauge No. <u>40</u>

TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel	3 Stainless steel	5 Fiberglass	<u>7 PVC</u>	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	<u>3 Mill Slot</u>	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: <u>9</u> feet to <u>19</u> feet	from: _____ feet to _____ feet	from: _____ feet to _____ feet
	from: _____ feet to _____ feet	from: _____ feet to _____ feet	from: _____ feet to _____ feet

GRAVEL PACK INTERVALS:	from: <u>8</u> feet to <u>19</u> feet	from: _____ feet to _____ feet	from: _____ feet to _____ feet
	from: _____ feet to _____ feet	from: _____ feet to _____ feet	from: _____ feet to _____ feet

6 GROUT MATERIAL:	1 Neat cement _____	2 Cement grout <u>X</u>	3 Bentonite <u>X</u>
Grout intervals:	from <u>0</u> feet to <u>6</u> feet,	from <u>6</u> feet to <u>8</u> feet	

What is the nearest source of possible contamination:

Septic tank (1) _____	Seepage pit (6) _____	Fuel storage (11) <u>X</u>
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	6	Clay, light brown, moist, low plasticity			
6	19	Clay, silt, brown, low plasticity			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was :	<u>1) constructed,</u> 2)reconstructed, or 3)plugged under my jurisdiction
and was completed on (mth/day/yr) <u>9/21/95</u>	and this record is true to the best of my knowledge and belief. Kansas Water
Well Contractor's License Number <u>483</u>	This Water Well Record was completed on (mth/day/yr) <u>11/5/95</u>
under the business name: <u>T.E.S.T.</u>	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.