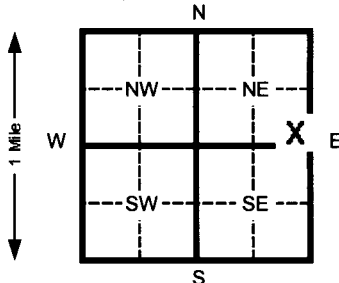
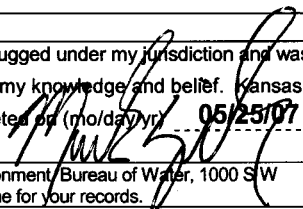


1 LOCATION OF WATER WELL: County: Ellis		Fraction SE ¼ SE ¼ NE ¼	Section Number 8	Township Number T 13 S	Range Number R 20 EW
Distance and direction from nearest town or city street address of well if located within city? 1000 Monroe, Ellis, Kansas					
2 WATER WELL OWNER: Golden Belt Cooperative RR#, St. Address, Box # : P.O. Box 138 City, State, ZIP Code : Ellis, Kansas 67637 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 25.0 ft. ELEVATION: Depth(s) Groundwater Encountered 1 15.0 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 15.20 ft. below land surface measured on mo/day/yr 04/07/07 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 9.5 in. to 25.0 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering ② Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Remedial Test Well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X			
5 TYPE OF BLANK CASING USED: ① Steel 3 RMP (SR) 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ ② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass _____ Threaded X Blank casing diameter 4.50 in. to 10.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 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) _____ 12 None used (open hole) 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-PERFORATED INTERVALS: From 25.0 ft. to 10.0 ft. From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From 25.0 ft. to 8.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement ② Cement grout ③ Bentonite 4 Other Grout intervals From 0.0 ft. to 0.5 ft. From 0.5 ft. to 8.0 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) Direction from well? Southwest How many feet? 45					
FROM		TO		CODE	
0.0		0.5		Concrete	
0.5		4.0		Dark brown clayey silt, moist	
4.0		10.0		Dark brown clayey silt, trace fine sand, moist	
10.0		25.0		Brown clayey silt, moist, wet @15'; slight odor	
Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. Taylor, KDHE-BOW.					
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/yr) 04/03/07 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 692 This Water Well Record was completed on (mo/day/yr) 05/25/07 under the business name of Quad State Services, Inc. by (signature) 					
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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