11.0047	<u> </u>			WELL RECORD				IAIAIAA-2	
_	ON OF WATE		Fraction	65	_	ection Number	Township Num	Į.	nge Number
County:		llis	SW ½		NW 1/4	9	т 13	S R	20
Distance and direction from nearest town or city street address of well if located within city? 1000 Monroe, Ellis, Kansas									
			n Dall Caanana	41					
			n Belt Coopera	tive					
RR#, St. Ad	ldress, Box#	: P.O. B	30x 138				Board of Agricult	ture, Division of V	Vater Resources
City, State,	ZIP Code	: Ellis, I	Kansas 67637				Application Num	ber:	
3 LOCATE	E WELL'S LOC	CATON WITH	1 4 555511 05 00		. 2	EO « =:=:/	7.01.		
AN "X" I	N SECTION B	SOX:	DEPTH OF CO	MPLETED WEL	L 23	T. ELEVA	TION:		
	N N								
↑			WELL'S STATIC W	ATER LEVEL	14.85	ft. below land sui	face measured on	mo/day/yr	04/07/07
	NW	- NE	Pump te	est data: Well	water was	ft.	after	hours pumping	gpm
	1	1	Est. Yield NA	gpm: Well	water was	ft.	after	hours pumping	gpm
iii w F	×	┷┷┩╒	Bore Hole Diamete WELL WATER TO 1 Domestic	8.5 in.	to 2	5.0 fi	and	in. to	ft.
7			WELL WATER TO	BE USED AS:	5 Public water	supply	8 Air conditioning	ng 11 Injection	on well
	sw	- SE	1 Domestic	3 Feed lot	6 Oil field water	er supply	9 Dewatering	12 Other	(Specify below)
	į		2 Irrigation	4 Industrial	7 Lawn and ga	arden (domestic)	10 Monitoring w	æll	
▼		<u> </u>	Was a chemical/ba	cteriological san	ple submitted t	Department? Y	es No X	_ If yes, mo/day/	yr sample was
	S		submitted				Well Disinfected?		I
5 TYPE O	F BLANK CAS	SING USED:		5 Wrought Iron	8 Con	crete tile	CASING JOINTS	S: Glued	Clamped
1 Ste						er (specify below		Welded	
2 PV		4 ABS		7 Fiberglass				Threaded	x
						to	ft Dia	in to	
Blank casing diameter 2.375 in. to 10.0 ft., Dia in. to ft. Casing height above land surface Flush Mount in., weight lbs./ft. Wall thickness or gauge No. Schedule 40									
Casing heig	tht above land	SurfaceF	IUSH MOUNT in.	, weight	·····	Ibs./ft. V	Vall thickness or ga	auge No. 3C	nedule 40
1 Ste		2 Stain	ON MATERIAL: ess steel	F Fiboralasa	Ų	PVC	10 Asbest	os-cement	
2 Bra		4 Calva	nized steel	5 Fibergiass		ARE (SK)	11 Other (specify)	
			MCS ADE:				12 None u	isea (open noie) 11. Non	o (open bole)
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									
	ERFORATED					ft Fro	om	ft to	ff
CONLECTION	LIN OIVIILD	III LICENCEO	Emm	ft to		# Fr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ft to	
C.D.	AVEL PACK I	NTEDVALC.	25		Ω Λ		om	II. 10	·····
GR	AVEL PACK I	NIERVALS:					om		
			From		$\overline{}$	ft. Fro	om	ft. to	ft.
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals From U.U ft. to U.S ft. From U.S ft. to 8.U ft. From ft. to ft.									
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well									
1 Se	ptic tank		4 Lateral lines	7 Pit	privy	(11) Fuel sto		15 Oil well/ Gas	
2 Se	wer lines		5 Cess pool	8 Sev	vage lagoon	12 Fertilize	er storage	16 Other (spec	ify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage									
Direction fro	om well?		We	st		How many fe	et?	165	
FROM	то	CODE			LIT	HOLOGIC LOG			
0.0	0.5		gregate						
0.5	5.0		ack silty clay, dr						
5.0	15.0		own clayey silt,						
15.0	25.0	Br	own-light brown	clayey sand	, fine-mediu	m grained, we	et		
			F	- 4- 1/ 4 - 5 - 6	0.00.0/1-1/41	and (-)	aread from D. Tr.	I VDUE BO	34/
Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. Taylor, KDHE-BOW.									
· · · · · · · · · · · · · · · · · · ·									
									-
7 CONTO	ACTORIC OF	LANDOVANIE	DIS CERTIFICATION	l. This	II	tad (0)	teriod (0) -1:	/7	dietide - di
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) 03/28/07 and this record is true to the best of my kpoyet and belief. Kansas									
	on (mo/day/yr)		03/28/		and	this record is true	e to the best of my	knowledge and t	peliet kansas
Water Well	Contractor's L	_icense No		692	This	Water Well Rec	ord was completed	gry (mo/day)yr)	05/25/07
	usiness name			tate Service		by ((signature)	MUL	W /
INSTR	UCTIONS:. Ple	ase fill in blank	s and circle the correct	answers. Send the	ree copies to Kan	sas Department of	Health and Environm	ent/Bureau of Wat	er, 1000 € W
Jackso	n St., Ste. 420,	горека, Kansa	is 66612-1367. Telepho	ne: 913-296-554	 send one to W 	A LEK WELL OW	N⊨K and retain one fo	or your records. (/	-