

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Ellis</u>		<u>SW 1/4 SW 1/4 NW 1/4</u>	<u>9</u>	<u>T 13 S</u>	<u>R 20 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>10th & Monroe, Ellis, Ks.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # :		Application Number:			
City, State, ZIP Code :		<u>Ellis, Ks. 67637</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>27'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>13 1/2'</u> ft. 2. . ft. 3. . ft.			
		WELL'S STATIC WATER LEVEL <u>12 7/8'</u> ft. below land surface measured on mo/day/yr <u>6-4-98</u>			
		Pump test data: Well water was . ft. after . hours pumping . gpm			
		Est. Yield . gpm Well water was . ft. after . hours pumping . gpm			
		Bore Hole Diameter <u>10 1/2"</u> in. to <u>27'</u> ft., and . in. to . ft.			
		WELL WATER TO BE USED AS:			
		5 Public water supply 8 Air conditioning 11 Injection well			
		1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)			
		2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well <u>SPR well</u>			
		Was a chemical/bacteriological sample submitted to Department? Yes. . No <u>X</u> . If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes . No <u>(X)</u>			
5 TYPE OF BLANK CASING USED:		CASING JOINTS: Glued . . . Clamped . . .			
1 Steel		5 Wrought iron	8 Concrete tile	Welded . . .	
2 <u>PVC</u>		3 RMP (SR)	9 Other (specify below)	Threaded. <u>X</u>	
Blank casing diameter <u>4.50</u> in. to . ft. Dia . in. to . ft. Dia . in. to . ft.		6 Asbestos-Cement		SDR 13	
Casing height above land surface <u>Flush Mt.</u> in., weight . lbs./ft. Wall thickness or gauge No. .		7 Fiberglass		SCH 40	
TYPE OF SCREEN OR PERFORATION MATERIAL:		10 Asbestos-cement			
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify)
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped			
1 Continuous slot		3 Mill slot	6 Wire wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	7 Torch cut	9 Drilled holes	
SCREEN-PERFORATED INTERVALS:		10 Other (specify)			
From <u>27'</u> ft. to <u>7'</u> ft. From . ft. to . ft. From . ft. to . ft.					
GRAVEL PACK INTERVALS:					
From <u>27'</u> ft. to <u>5 1/2'</u> ft. From . ft. to . ft. From . ft. to . ft.					
6 GROUT MATERIAL:		4 Other . . .			
1 Neat cement		2 Cement grout	3 Bentonite		
Grout Intervals: From <u>5 1/2'</u> ft. to <u>3 1/2'</u> ft. From <u>3 1/2'</u> ft. to <u>0'</u> ft. From . ft. to . ft.					
What is the nearest source of possible contamination:		10 Livestock pens			
1 Septic tank		4 Lateral lines	7 Pit privy	11 Fuel storage <u>tower</u>	14 Abandoned water well
2 Sewer lines		5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)
Direction from well? <u>In old Above Ground Storage area</u>		How many feet? <u>0</u>			
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Blk-dk brn clay fill w/ some ls.rx. gravel, dry, firm, no odor.			
5	8	Lt-med brn silty clay w/ trace of caliche, moist, no odor, med plasticity, firm.			
8	13.75	Lt gray-green gray silty clay to clayey silt, moist-wet, soft, mod. odor.			
13.75	16.0	Lt gray sandy silt, wet at 13 1/2', mod. odor, soft, fine grained.			
16.0	27.0	Gray fine-med grained sand, wet, strong odor			
<u>Flush Mt. OK'd by Don Taylor</u>					
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/year) <u>5-27-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>539</u> This Water Well Record was completed on (mo/day/yr) <u>6-8-97</u> under the business name of <u>JB Environmental Drilling</u> by (signature) <u>James Becker</u>					
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 Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.					

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