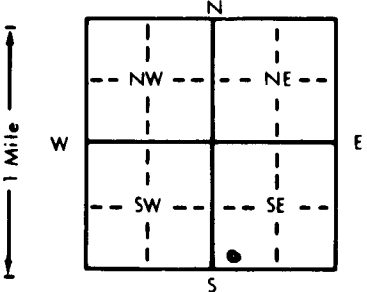


1 LOCATION OF WATER WELL: Fraction SW 1/4 SW 1/4 SE 1/4 Section Number 5 Township Number T 13 S Range Number R 20 E(W)
 County: Ellis

Distance and direction from nearest town or city street address of well if located within city?
501 West 6th, Ellis, KS

2 WATER WELL OWNER: City of Ellis
 RR#, St. Address, Box #: 501 W. 6th Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Ellis, KS Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: 20' ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. 6' ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 6.64 ft. below land surface measured on mo/day/yr 7-29-98

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: 8 1/2" in. to 20' 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 |
| 2 Irrigation | 4 Industrial | 7 Lawn and garden only |
| | | <u>10</u> Monitoring 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 (No) _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<u>2 PVC</u>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <u>X</u>

Blank casing diameter 2.375 in. to 5' ft., Dia _____ in. to _____ ft., Dia _____ in. to SDR 13 ft.

Casing height above land surface Flush Mt. in., weight _____ lbs./ft. Wall thickness or gauge No. SCH 40

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

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-PERFORATED INTERVALS: From 20' ft. to 5' ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 20' ft. to 4' ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____

Grout Intervals: From 4' ft. to 3' ft., From 3' ft. to 0' ft., From _____ ft. to _____ ft.

- What is the nearest source of possible contamination:
- | | | | | |
|--------------------------|-----------------|-----------------|------------------------|--------------------------|
| 1 Septic tank | 4 Lateral lines | 7 Pit privy | <u>11</u> Fuel storage | 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? South How many feet? 100'

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Grass-dk brn silty clayey top soil, damp roots, no odor firm			
3	8	Med brn silty clay, moist no odor, firm			
8	10	Lt tan sandy silty clay to clayey sand wet, no odor, soft			
10	13	Tan fine-med grained sand, wet no odor, well graded			
13	20	Gray fine-coarse grained sand w/ gravel wet faint odor			

F.M. OK'd by D. Taylor

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) 4-23-98 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 539 This Water Well Record was completed on (mo/day/yr) 5-2-98 under the business name of JB Environmental Drilling by (signature) James Becker

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.

OFFICE USE ONLY T R E W SEC. 1/4 1/4 1/4