

MW-51

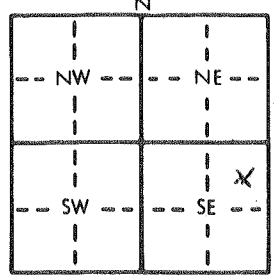
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LOCATION OF WATER WELL: County: ELLIS	Fraction SE 1/4 NE 1/4 SE 1/4	Section Number 3	Township Number T 14 S	Range Number R 18 EW
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Distance and direction from nearest town or city street address of well if located within city?
 ~ 150 ft southwest from **CROSS MANUFACTURING PLANT**

WATER WELL OWNER: **CROSS MANUFACTURING, INC**
 RR#, St. Address, Box #: **HIGHWAY 40 & CANTERBURY RD**
 City, State, ZIP Code: **BOX 367 HAYS, KANSAS 67601**

Board of Agriculture, Division of Water Resources
 Application Number: **2001**

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	4 DEPTH OF COMPLETED WELL: 46.0 ft. ELEVATION: 2001
	Depth(s) Groundwater Encountered 1. N/D ft. 2. _____ ft. 3. _____ ft.
	WELL'S STATIC WATER LEVEL: 38.56 ft. below land surface measured on mo/day/yr 4/12/90
	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: 5.0 in. to 46.05 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 <input checked="" type="radio"/> Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <input checked="" type="checkbox"/>

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter: **2.0** in. to **33.83** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface: **31** 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	<input checked="" type="radio"/> 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 **33.83** ft. to **43.33** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **30.34** ft. to **46.00** 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: **Enviroplug**

Grout intervals: From **2.5** ft. to **30.34** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<input checked="" type="radio"/> 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)
			13 Insecticide storage	

Direction from well? **NW** How many feet? **460**

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	v. stiff to hard, lt brown, low plastic, silty CLAY - CL - w/several zones of calcareous cementation.			
15	44	Dense to v. dense, poorly and well graded SANDS - SP, SW - w/subordinate layers of low plastic, sandy clay - CL, clayey sand - SC -, and clayey silt - ML			
44	46	SHALE: v. dk gray, clayey			

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) **4-8-90** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **399** This Water Well Record was completed on (mo/day/yr) **4-16-90**

under the business name of **WOODWARD-CLYDE Consultants** by (signature) **Richard V. ...**

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 Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.