

OFFICE USE ONLY
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1 LOCATION OF WATER WELL	Fraction	Section Number	Township Number	Range Number
County: Ellsworth	$\frac{1}{4}$ cnw $\frac{1}{4}$ nw $\frac{1}{4}$	4	T 14 S	R 8w EW

Distance and direction from nearest town or city? **8 3/4n Ellsworth, Ks.**
 Street address of well if located within city?

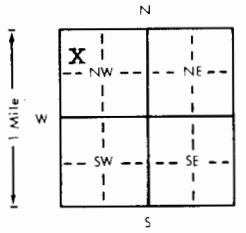
2 WATER WELL OWNER: **John Tanton**
 RR#, St. Address, Box #: **R1**
 City, State, ZIP Code: **Ellsworth, Ks. 67439**
 Board of Agriculture, Division of Water Resources
 Application Number: **none**

3 DEPTH OF COMPLETED WELL: **120** ft. Bore Hole Diameter: **8** in. to **120** ft., and ... in. to ... ft.
 Well Water to be used as:
 1 Domestic **3** Feedlot **5** Public water supply **8** Air conditioning **11** Injection well
 2 Irrigation **4** Industrial **7** Lawn and garden only **9** Dewatering **12** Other (Specify below)
 10 Observation well
 Well's static water level: **30** ft. below land surface measured on **11** month **3** day **78** year
 Pump Test Data: Well water was ... ft. after ... hours pumping ... gpm
 Est. Yield: **30** gpm: Well water was ... ft. after ... hours pumping ... gpm

4 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
 Blank casing dia: **5** in. to **100** ft., Dia **12** in. to ... ft., Dia ... in. to ... ft.
 Casing height above land surface: **12** in., weight **2.8** lbs./ft. Wall thickness or gauge No: **sch 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)
 9 ABS **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-Perforation Dia: **5** in. to ... ft., Dia ... in. to ... ft., Dia ... in. to ... ft.
 Screen-Perforated Intervals: From **100** ft. to **120** ft., From ... ft. to ... ft., From ... ft. to ... ft.
 Gravel Pack Intervals: From **10** ft. to **120** ft., From ... ft. to ... ft., From ... ft. to ... ft.

5 GROUT MATERIAL: **1** Neat cement **2** Cement grout **3** Bentonite **4** Other
 Grouted Intervals: From **0** ft. to **10** ft., From ... ft. to ... ft., From ... ft. to ... ft.
 What is the nearest source of possible contamination:
 1 Septic tank **4** Cess pool **7** Sewage lagoon **10** Fuel storage **14** Abandoned water well
 2 Sewer lines **5** Seepage pit **8** Feed yard **11** Fertilizer storage **15** Oil well/Gas well
 3 Lateral lines **6** Pit privy **9** Livestock pens **12** Insecticide storage **16** Other (specify below)
13 Watertight sewer lines **none**
 Direction from well ... How many feet ... ? Water Well Disinfected? **Yes** No
 Was a chemical/bacteriological sample submitted to Department? **Yes** **No** If yes, date sample was submitted ... month ... day ... year: Pump Installed? **Yes** **No**
 If Yes: Pump Manufacturer's name ... Model No. ... HP ... Volts ...
 Depth of Pump Intake ... ft. Pumps Capacity rated at ... gal./min.
 Type of pump: **1** Submersible **2** Turbine **3** Jet **4** Centrifugal **5** Reciprocating **6** Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on **11** month **3** day **78** year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **186**
 This Water Well Record was completed on **2** month **18** day **80** year under the business name of **Kellys Waterwell Serv.** by (signature) *Kelly Price*

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	20	Top Soil-Clay			
		20	94	Clay			
		94	120	Sandrock			

ELEVATION: **unknown**

Depth(s) Groundwater Encountered **1. 94** ft. 2. ... ft. 3. ... ft. 4. ... ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.