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|---|--|--|--|----------------|---|-----------------|--|--------------|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Ellsworth | | NE 1/4 NE 1/4 SW 1/4 | | 20 | | T 15 S | | R 6W E/W | |
| Distance and direction from nearest town or city street address of well if located within city? 1/2E, Carneiro, KS | | | | | | | | | |
| 2 WATER WELL OWNER: Albert Vanek | | | | | | | | | |
| RR#, St. Address, Box # : 2536 Ave. J | | | | | Board of Agriculture, Division of Water Resources | | | | |
| City, State, ZIP Code : Brookville, KS 67425 | | | | | Application Number: | | | | |
| 3 LOCATE WELL'S LOCATION WITH | | 4 DEPTH OF COMPLETED WELL 245 ft. ELEVATION: unknown | | | | | | | |
| AN "X" IN SECTION BOX: | | Depth(s) Groundwater Encountered 1 160 ft. 2 ft. 3 ft. | | | | | | | |
|  | | WELL'S STATIC WATER LEVEL 160 ft. below land surface measured on mo/day/yr 09/30/04 | | | | | | | |
| | | Pump test data: Well water was ft. after hours pumping gpm | | | | | | | |
| | | Est. Yield 20 gpm: Well water was ft. after hours pumping gpm | | | | | | | |
| | | 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 Domestic (lawn & garden) 10 Monitoring well | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yr sample was submitted | | | | | | | | | |
| Water Well Disinfected? Yes No | | | | | | | | | |
| 5 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 | | | | | | | | | |
| Blank casing diameter 5 in. to 1.85 ft. Dia 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 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 3 Mill slot 5 Guazed 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) ft. | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 185 ft. to 245 ft. From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 20 ft. to 245 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 | | | | | | | | | |
| Grout Intervals: From 0 ft. to 20 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 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 none - in pasture | | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | | |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS | | | | | | | | | |
| 0 3 top soil | | | | | | | | | |
| 3 8 shale | | | | | | | | | |
| 8 15 sand rock | | | | | | | | | |
| 15 180 shale | | | | | | | | | |
| 180 245 sand rock | | | | | | | | | |
| RECEIVED | | | | | | | | | |
| OCT 28 2004 | | | | | | | | | |
| BUREAU OF WATER | | | | | | | | | |
| 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) 09/30/04 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 186 This Water Well Record was completed on (mo/day/yr) 10/04/04 under the business name of Kelly's Water Well Service, Inc. by (signature) Kathryn R. Hard | | | | | | | | | |
| 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. | | | | | | | | | |