

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Ellsworth</u>		<u>NE</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$	<u>20</u>	<u>T</u> <u>15</u> <u>S</u>	<u>R</u> <u>8W</u> <u>E/W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>In Ellsworth, Kansas</u>					
2 WATER WELL OWNER: <u>USD 327</u>					
RR#, St. Address, Box #: <u>P.O. Box 306</u>					
City, State, ZIP Code: <u>Ellsworth, Kansas 67439</u>					
Board of Agriculture, Division of Water Resources Application Number: _____					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>121</u> ft. ELEVATION: _____ ft.			
1 Mile		Depth(s) Groundwater Encountered <u>1</u> <u>80</u> ft. <u>2</u> _____ ft. <u>3</u> _____ ft.			
		WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr <u>7/14/95</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 _____ in. to _____ ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: <u>5</u> Public water supply <u>8</u> Air conditioning <u>11</u> Injection well					
<u>1</u> Domestic <u>3</u> Feedlot <u>6</u> Oil field water supply <u>9</u> Dewatering <u>12</u> Other (Specify below)					
<u>2</u> Irrigation <u>4</u> Industrial <u>7</u> <u>Lawn and garden only</u> <u>10</u> 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:					
<u>1</u> Steel <u>3</u> RMP (SR) <u>6</u> Asbestos-Cement <u>9</u> Other (specify below) _____					
<u>2</u> PVC <u>4</u> ABS <u>7</u> Fiberglass _____					
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface <u>3</u> ft. below in. weight _____ lbs./ft. Wall thickness or gauge No. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
<u>1</u> Steel <u>3</u> Stainless steel <u>5</u> Fiberglass <u>8</u> RMP (SR) <u>11</u> Other (specify) _____					
<u>2</u> Brass <u>4</u> Galvanized steel <u>6</u> Concrete tile <u>9</u> ABS <u>12</u> None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
<u>1</u> Continuous slot <u>3</u> Mill slot <u>6</u> Wire wrapped <u>9</u> Drilled holes					
<u>2</u> Louvered shutter <u>4</u> Key punched <u>7</u> Torch cut <u>10</u> Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From _____ N/A _____ ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From _____ N/A _____ ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Bentonite <u>4</u> Other _____					
Grout intervals: From <u>10</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
<u>1</u> Septic tank <u>4</u> Lateral lines <u>7</u> Pit privy <u>10</u> Livestock pens <u>14</u> Abandoned water well					
<u>2</u> Sewer lines <u>5</u> Cess pool <u>8</u> Sewage lagoon <u>11</u> Fuel storage <u>15</u> Oil well/Gas well					
<u>3</u> Watertight sewer lines <u>6</u> Seepage pit <u>9</u> Feedyard <u>12</u> Fertilizer storage <u>16</u> Other (specify below) _____					
<u>13</u> Insecticide storage					
Direction from well? _____ How many feet? _____					
FROM		TO		PLUGGING INTERVALS	
		<u>121</u>		<u>80</u> Sand and gravel	
		<u>80</u>		<u>75</u> Bentonite	
		<u>75</u>		<u>10</u> Clay	
		<u>10</u>		<u>3</u> Bentonite	
		<u>3</u>		<u>0</u> Top soil	
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>7/14/95</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>186</u> This Water Well Record was completed on (mo/day/yr) <u>7/17/95</u> under the business name of <u>Kelly's Water Well Service, Inc.</u> by (signature) <u>[Signature]</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.					