

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Ellsworth</u>	$\frac{1}{4}$ SW $\frac{1}{4}$ NE $\frac{1}{4}$	20	T 15 S	R 8 EW

Distance and direction from nearest town or city street address of well if located within city?
1010 Colorado, Ellsworth, KS

2 WATER WELL OWNER: Robert Hokr
 RR#, St. Address, Box # : 1010 Colorado
 City, State, ZIP Code : Ellsworth, KS 67439
 Board of Agriculture, Division of Water Resources
 Application Number: not req'd

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

N			
W	NW	NE	E
	SW	SE	
S			

4 DEPTH OF COMPLETED WELL: 73 ft. ELEVATION: unknown

Depth(s) Groundwater Encountered 1. 44 ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL 44 ft. below land surface measured on mo/day/yr 7/15/88

Pump test data: Well water was not ck'd ft. after _____ hours pumping _____ gpm

Est. Yield unknown gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter 9 in. to 71 ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 <u>Domestic</u>	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Observation well

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:

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

Blank casing diameter 5 in. to 61 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface 24 in., weight 2.277 lbs./ft. Wall thickness or gauge No. 214

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) _____
2 Brass	4 Galvanized steel	6 Concrete tile	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 <u>Drilled holes</u>	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From 61 ft. to 71 ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From 50 ft. to 71 ft., From _____ ft. to _____ ft.

Annular fill/gravel From 20 ft. to 50 ft., From _____ ft. to _____ ft.

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

Grout Intervals: From 5 ft. to _____ ft., From 20 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 <u>Other (specify below)</u>
			13 Insecticide storage	<u>none known</u>

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4	Topsoil & clay, brown			
4	14	Sand & gravel, med. to fine			
14	40	Dakota clay, red, yellow & gray			
40	62	Dakota clay, gray			
62	71	Sandstone, soft brown			
71		Dakota clay, white & gray			

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) 7/15/88 and this record is true to the best of my knowledge and belief, Kansas Water Well Contractor's License No. 185. This Water Well Record was completed on (mo/day/yr) 8/2/88 under the business name of Clarke Well & Equipment, Inc. by (signature) _____

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.

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