

Chang to Bobbie, instead of Boobie

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Ellsworth		NE $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$	21	T 15 S	R 8 E

Distance and direction from nearest town or city street address of well if located within city?
Junction Highway 140 and Highway 156, Ellsworth, Kansas

2 WATER WELL OWNER: Bobbie E. Ott Trust #1		Board of Agriculture, Division of Water Resources
RR#, St. Address, Box #: P.O. Box 12		Application Number:
City, State, ZIP Code: Ellsworth, Kansas 67439		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL 45.0 ft. ELEVATION:	
	Depth(s) Groundwater Encountered 1 38.5 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 40.88 ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield NA gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter 8.5 in. to 45.0 ft. and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No X If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No X	

1 Mile
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 W
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N
 X
 NW NE
 SW SE
 S

E

5 TYPE OF BLANK CASING USED:		5 Wrought Iron 8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____
1 Steel 3 RMP (SR) 2 PVC 4 ABS Blank casing diameter 2.375 in. to 30.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40		6 Asbestos-Cement 9 Other (specify below) _____ 7 Fiberglass _____ Threaded X		
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify) _____ 12 None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____		
SCREEN-PERFORATED INTERVALS:		From 45.0 ft. to 30.0 ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.		
GRAVEL PACK INTERVALS:		From 45.0 ft. to 27.0 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 0.0 ft. to 1.0 ft. From 1.0 ft. to 27.0 ft. From _____ ft. to _____ ft.			
What is the nearest source of possible contamination:		10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) _____ 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage	
Direction from well? Southwest		How many feet? 110	

FROM	TO	CODE	LITHOLOGIC LOG
0.0	17.5		Brown-red brown silty, sandy clay, firm, moist
17.5	23.0		Brown-red brown slightly silty sand, fine-medium grained, moist-slightly moist
23.0	30.0		Red brown sand, medium grained, well sorted, slightly moist
30.0	33.0		Red brown sand, coarse-very coarse grained, well sorted, slightly moist
33.0	44.0		Red brown sand, very fine-fine grained, well sorted, slightly moist-very moist
44.0	45.0		Red shale
Flush-mount well completion waiver existent for site.			

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/yr) 04/18/07 and this record is true to the best of my knowledge and belief. Kansas	
Water Well Contractor's License No. 692	This Water Well Record was completed on (mo/day/yr) 04/25/07
under the business name of Quad State Services, Inc.	by (signature) <i>[Signature]</i>

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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