

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Ellsworth		NE ¼ NE ¼ NW ¼	21	T 15 S	R 8 E/W
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					
RR#, St. Address, Box # : P.O. Box 12		Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : Ellsworth, Kansas 67439		Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 47.0 ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1 38.5 ft. 2 _____ ft. 3 _____ ft.			
		WELL'S STATIC WATER LEVEL 42.05 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 47.0 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					
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 2.375 in. to 32.0 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass	Threaded X		
Casing height above land surface Flush Mount in., weight _____ lbs./ft. Wall thickness or gauge No. Schedule 40					
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 Drilled holes	
			7 Torch cut	10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS: From 47.0 ft. to 32.0 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 47.0 ft. to 29.0 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 1.5 ft. From 1.5 ft. to 29.0 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	
Direction from well? East		How many feet? 185			
FROM	TO	CODE	LITHOLOGIC LOG		
0.0	20.0		Brown-red brown silty clay, firm, moist		
20.0	24.0		Red brown slightly silty sand, fine-medium grained, moist, trace hydrocarbon odor		
24.0	30.0		Red brown sand, medium-coarse grained, well sorted, slightly moist, trace hydrocarbon odor		
30.0	40.0		Red brown sand, coarse grained, well sorted, slightly moist-very moist, trace hydrocarbon odor		
40.0	46.0		Red brown sand, coarse grained, some 1/4"-1" sub-rounded gravel, well sorted, very moist, trace hydrocarbon odor		
46.0	46.0		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)			
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W 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

T

R

SEC