

1 LOCATION OF WATER WELL
 County: Ellsworth Section Number 12 Township Number T 16 S Range Number R 7 EW

Distance and direction from nearest town or city? 3W-4.4S Street address of well if located within city?
Carneiro, Kansas

2 WATER WELL OWNER: Paul Aylward
 RR#, St. Address, Box #: 306 Forest Drive Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Ellsworth, Kansas 67439 Application Number:

3 DEPTH OF COMPLETED WELL: 110 ft. Bore Hole Diameter: 9 in. to 10 ft., and 7 in. to 110 ft.
 Well Water to be used as:
 1 Domestic 3 Feedlot 5 Public water supply 8 Air conditioning 11 Injection well
 2 Irrigation 4 Industrial 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
 7 Lawn and garden only 10 Observation well
 Well's static water level: 11 ft. below land surface measured on 12 month 16 day 78 year
 Pump Test Data: Bailed Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield 1 1/2 - 2 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 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
 7 Fiberglass Threaded
 Blank casing dia 5 1/2 in. to 64 ft., Dia 5 1/2 in. to 68-110 ft., Dia _____ in. to _____ ft.
 Casing height above land surface: 18 in., weight _____ lbs./ft. Wall thickness or gauge No. .250 in.

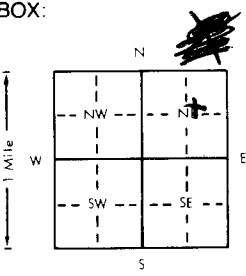
TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 11 Other (specify)
 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)
 Screen or Perforation Openings Are:
 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify)
 Screen-Perforation Dia: 5 1/2 in. to 78 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 64 ft. to 78 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:
 1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well
 2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well
 3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)
 13 Watertight sewer lines
 Direction from well: N How many feet 80? Water Well Disinfected? Yes XXX No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No XXX If yes, date sample was submitted _____ month _____ day _____ year: Pump Installed? Yes _____ No
 If Yes: Pump Manufacturer's name _____ Model No. _____ HP _____ Volts _____
 Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on 12 month 16 day 1978 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 157
 This Water Well Record was completed on 6 month 29 day 81 year under the business name of Boeken & Burrows Water Well Co. by (signature) Dallas Boeken

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Topsoil			
2	11	Sand-Coarse-Brown			
11	18	Clay-Soft-Brown			
18	65	Clay-Compact-Blue			
65	77	Clay-Sandy-Grey			
77	116	Clay-Compact-Grey			
116	124	Clay-Shell-Hard-Red *1/2 gpm Salty			
124	126	Clay-Compact-Grey			
126	205	Clay-Compact-Red			

ELEVATION: 1500

Depth(s) Groundwater Encountered 1. 11 ft. 2. 65 ft. 3. _____ ft. 4. _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T 16
R 7
E 12
SEC 12
SW 1/4
NE 1/4
SE 1/4

Do