

1] LOCATION OF WATER WELL:		Fraction	Township Number	Range Number
County: BARTON		C ¼ E2 ¼ NE ¼	3D T 19 S	R 11 EW
Distance and direction from nearest town or city street address of well if located within city? ELLINWOOD 3/4 N WESTSIDE				
2] WATER WELL OWNER:				
RR#, St. Address, Box # 555 N. WOODLAWN SUITE 114		D. MILLER, ELLINWOOD, KS		
City, State, ZIP Code WICHITA KS 67208		Board of Agriculture, Division of Water Resources Application Number: T83-649		
3] LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4] DEPTH OF COMPLETED WELL:		
A square divided into four smaller squares labeled NW, NE, SW, and SE. An 'X' is drawn in the center of the NE square.		ft. ELEVATION:		
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.		
		WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr 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: 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation 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:				
Blank casing diameter in. to ft., Dia. in. to ft. Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.				
TYPE OF SCREEN OR PERFORATION MATERIAL:				
SCREEN OR PERFORATION OPENINGS ARE:				
SCREEN-PERFORATED INTERVALS:				
GRAVEL PACK INTERVALS:				
6] GROUT MATERIAL:				
Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft.				
What is the nearest source of possible contamination: NONE				
Direction from well?				
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG				
0 3 SOIL				
3 10 CLAY				
10 60 GRAVEL				
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) under the business name of REIDER WATER WELL SERV INC. by (signature) [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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.				