

|                           |                             |                |                 |               |
|---------------------------|-----------------------------|----------------|-----------------|---------------|
| 1 LOCATION OF WATER WELL: | Fraction                    | Section Number | Township Number | Range Number  |
| County: <b>BARTON</b>     | <b>SW 1/4 NE 1/4 NE 1/4</b> | <b>36</b>      | <b>T 19 S</b>   | <b>R 11 E</b> |

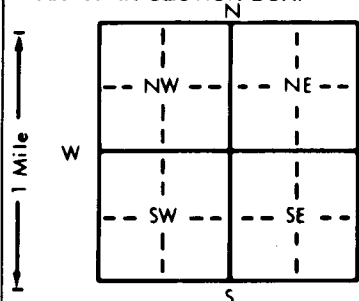
Distance and direction from nearest town or city street address of well if located within city?

**401 E SANTA FE**

|                           |                                                   |
|---------------------------|---------------------------------------------------|
| 2 WATER WELL OWNER:       | Board of Agriculture, Division of Water Resources |
| RR#, St. Address, Box # : | Application Number:                               |
| City, State, ZIP Code :   |                                                   |

**NIKKI SAFFA****401 E SANTA FE****ELLINWOOD KS 67520****NONE**

|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL: <b>15</b> ft. ELEVATION: |
|------------------------------------------------------|-----------------------------------------------------|



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

WELL'S STATIC WATER LEVEL **6** 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: 5 Public water supply 8 Air conditioning 11 Injection well

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 submittedWater Well Disinfected? Yes ☒ No

|                                                                                                      |                |                   |                                          |
|------------------------------------------------------------------------------------------------------|----------------|-------------------|------------------------------------------|
| 5 TYPE OF BLANK CASING USED:                                                                         | 5 Wrought iron | 8 Concrete tile   | CASING JOINTS: Glued ..... Clamped ..... |
| 1 Steel                                                                                              | 3 RMP (SR)     | 6 Asbestos-Cement | 9 Other (specify below)                  |
| 2 PVC                                                                                                | 4 ABS          | 7 Fiberglass      | Welded .....                             |
| Blank casing diameter <b>10"</b> in. to .... ft., Dia                                                |                |                   | Threaded .....                           |
| Casing height above land surface <b>0</b> in., weight .... lbs./ft. Wall thickness or gauge No. .... |                |                   |                                          |

|                                         |                    |                              |
|-----------------------------------------|--------------------|------------------------------|
| TYPE OF SCREEN OR PERFORATION MATERIAL: | 7 PVC              | 10 Asbestos-cement           |
| 1 Steel                                 | 3 Stainless steel  | 5 Fiberglass                 |
| 2 Brass                                 | 4 Galvanized steel | 8 RMP (SR)                   |
|                                         | 6 Concrete tile    | 9 ABS                        |
|                                         |                    | 11 Other (specify) <b>NA</b> |
|                                         |                    | 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) <b>NA</b> |

|                              |                                                      |
|------------------------------|------------------------------------------------------|
| SCREEN-PERFORATED INTERVALS: | From .... ft. to .... ft., From .... ft. to .... ft. |
| GRAVEL PACK INTERVALS:       | From .... ft. to .... ft., From .... ft. to .... ft. |

|                                                                                                          |               |                |             |         |
|----------------------------------------------------------------------------------------------------------|---------------|----------------|-------------|---------|
| 6 GROUT MATERIAL:                                                                                        | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other |
| Grout Intervals: From <b>5</b> ft. to <b>2</b> ft., From .... ft. to .... ft., From .... ft. to .... ft. |               |                |             |         |

|                                                       |                        |                          |
|-------------------------------------------------------|------------------------|--------------------------|
| What is the nearest source of possible contamination: | 10 Livestock pens      | 14 Abandoned water well  |
| <input checked="" type="checkbox"/> Septic tank       | 11 Fuel storage        | 15 Oil well/Gas well     |
| 2 Sewer lines                                         | 12 Fertilizer storage  | 16 Other (specify below) |
| 3 Watertight sewer lines                              | 13 Insecticide storage |                          |
| 4 Lateral lines                                       |                        |                          |
| 5 Cess pool                                           |                        |                          |
| 6 Seepage pit                                         |                        |                          |
| 7 Pit privy                                           |                        |                          |
| 8 Sewage lagoon                                       |                        |                          |
| 9 Feedyard                                            |                        |                          |

Direction from well? **WEST** How many feet? **25**

| FROM      | TO       | LITHOLOGIC LOG         | FROM | TO | LITHOLOGIC LOG |
|-----------|----------|------------------------|------|----|----------------|
| <b>15</b> | <b>6</b> | <b>CLORINATED SAND</b> |      |    |                |
| <b>6</b>  | <b>3</b> | <b>CEMENT</b>          |      |    |                |
| <b>3</b>  | <b>0</b> | <b>EARTH</b>           |      |    |                |
|           |          | <b>4 HOURS</b>         |      |    |                |
|           |          | <b>CISTERN</b>         |      |    |                |

|                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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) <b>9-5-90</b> 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) <b>9-5-90</b>                                                                                                                                                        |
| under the business name of .... by (signature) <b>Kelly Starnes</b>                                                                                                                                                                                               |

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.