

LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																					
County: BARTON		C W/2 1/4 SW 1/4 NE 1/4	8	T 20 S	R 11 E/W																					
Distance and direction from nearest town or city street address of well if located within city? 2-S OF ELLINWOOD, KS.																										
WATER WELL OWNER:		Board of Agriculture, Division of Water Resources Application Number: T90-0569																								
RR#, St. Address, Box # :																										
City, State, ZIP Code :																										
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="margin:auto;"><tr><td></td><td>NW</td><td>NE</td></tr><tr><td>X</td><td>SW</td><td>SE</td></tr></table> S W E 1 Mile			NW	NE	X	SW	SE	DEPTH OF COMPLETED WELL: 49 ft. ELEVATION: Depth(s) Groundwater Encountered 1. .ft. 2. .ft. 3. .ft. WELL'S STATIC WATER LEVEL : 9 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 : 9 in. to .ft., and .in. to .ft. WELL WATER TO BE USED AS: <table border="0" style="width:100%;"> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>x 6 Oil field water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> <td>9 Dewatering</td> <td>12 Other (Specify below)</td> </tr> <tr> <td colspan="5">Was a chemical/bacteriological sample submitted to Department? Yes.....No x ; If yes, mo/day/yr sample was submitted</td> </tr> </table> Water Well Disinfected? Yes No x				1 Domestic	3 Feedlot	x 6 Oil field water supply	8 Air conditioning	11 Injection well	2 Irrigation	4 Industrial	7 Lawn and garden only	9 Dewatering	12 Other (Specify below)	Was a chemical/bacteriological sample submitted to Department? Yes.....No x ; If yes, mo/day/yr sample was submitted				
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TYPE OF BLANK CASING USED:		CASING JOINTS: Glued x Clamped .. Welded ... Threaded ..																								
Blank casing diameter : 5 in. to 39 in. Dia .ft. Dia .in. to .ft.																										
Casing height above land surface : 12 in., weight lbs./ft. Wall thickness or gauge No.																										
TYPE OF SCREEN OR PERFORATION MATERIAL:		x PVC 10 Asbestos-cement																								
SCREEN OR PERFORATION OPENINGS ARE:		8 RMP (SR) 11 Other (specify) .. None used (open hole)																								
SCREEN-PERFORATED INTERVALS:		From 39 ft. to 49 ft., From .ft. to .ft.																								
GRAVEL PACK INTERVALS:		From 20 ft. to 49 ft., From .ft. to .ft.																								
GROUT MATERIAL:		Grout Intervals: From 0 ft. to 20 ft., From .ft. to .ft.																								
What is the nearest source of possible contamination:		How many feet?																								
Direction from well?																										
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																					
0	3	TOP SOIL																								
3	10	CLAY																								
10	49	GRAVEL																								
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) 12-31-90 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 462-B This Water Well Record was completed on (mo/day/yr) 3-8-91 by (signature) Kara Crum																										
under the business name of SAM'S WATER WELL SERVICE																										

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

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