

1 LOCATION OF WATER WELL: County: <u>Barton</u>		Fraction <u>SW</u> $\frac{1}{4}$ <u>NW</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$		Section Number <u>20</u>		Township Number <u>T 20</u> <u>S</u>		Range Number <u>R 12</u> <u>E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>3 3/4 south 4 1/2 west of Ellinwood</u>									
2 WATER WELL OWNER: <u>Specialty Feeders Inc.</u>		RR#, St. Address, Box #: <u>Rt. 2</u>							
City, State, ZIP Code: <u>Great Ellinwood, Ks. 67526</u>		Board of Agriculture, Division of Water Resources Application Number: _____							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>130</u> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1. <u>24</u> ft. 2. _____ ft. 3. _____ ft.							
		WELL'S STATIC WATER LEVEL <u>30.5</u> ft. below land surface measured on <u>mo/day/yr</u> <u>11-10-82</u>							
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Est. Yield <u>NA</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm							
		Bore Hole Diameter <u>11</u> in. to <u>130</u> ft., and _____ in. to _____ ft.							
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
		1 Domestic <u>3 Feedlot</u> 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 <u>X</u> If yes, mo/day/yr sample was submitted _____							
		Water Well Disinfected? Yes <u>HTH</u> No _____							
5 TYPE OF BLANK CASING USED:									
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile		CASING JOINTS: Glued <u>X</u> Clamped _____	
2 PVC		4 ABS		6 Asbestos-Cement		9 Other (specify below)		Welded _____	
				7 Fiberglass				Threaded _____	
Blank casing diameter <u>5</u> in. to <u>110</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.									
Casing height above land surface <u>18</u> in., weight _____ lbs./ft. Wall thickness or gauge No. <u>258</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC		10 Asbestos-cement	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)		11 Other (specify) _____	
						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 <u>110</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft.									
GRAVEL PACK INTERVALS: From <u>10</u> ft. to <u>130</u> ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <u>0</u> ft. to <u>10</u> ft., From _____ ft. to _____ 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? <u>south</u> How many feet? <u>110</u>									
FROM	TO	LITHOLOGIC LOG		FROM	TO	LITHOLOGIC LOG			
0	5	Sandy top soil-tan							
5	10	Tan clay							
10	30	Tan and grav clay							
30	42	Gray clay w/white broken rock							
42	63	Sand and gravel							
63	93	Gray sandy clay							
93	140	Sand & gravel w/clay streaks							
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) <u>11-10-82</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>134</u> This Water Well Record was completed on (mo/day/yr) <u>1-14-83</u> under the business name of <u>Rosencrantz-Bemis Ent.</u> by (signature) <u>Lora Dodson</u>									
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.									