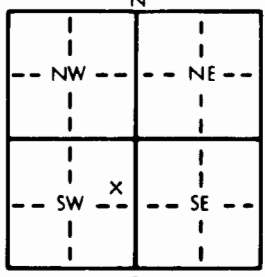


1 LOCATION OF WATER WELL: County: STAFFORD	Fraction SE ¼ NE ¼ SW ¼	Section Number 6	Township Number T 21 S	Range Number R 11 E/W
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Distance and direction from nearest town or city street address of well if located within city?
 7-S OF ELLINWOOD, KS.

2 WATER WELL OWNER: L.D.DAVIS
 RR#, St. Address, Box #: RR 1 BOX 183-B
 City, State, ZIP Code: GREAT BEND, KS. 67530
 Board of Agriculture, Division of Water Resources
 Application Number: 92- 0076

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



4 DEPTH OF COMPLETED WELL: 90 ft. ELEVATION:
 Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.
 WELL'S STATIC WATER LEVEL: 29 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:
 5 Public water supply 8 Air conditioning 11 Injection well
 1 Domestic 3 Feedlot Oil field water supply 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring 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:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped _____
 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter . . . 5 in. to . . . 80 ft., Dia . . . in. to . . . 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:
 PVC 10 Asbestos-cement
 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 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 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Wire wrapped 9 Drilled holes
 7 Torch cut 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From . . . 80 . . . ft. to . . . 90 . . . ft., From . . . ft. to . . . ft.
 From . . . ft. to . . . ft., From . . . ft. to . . . ft.
 GRAVEL PACK INTERVALS: From . . . 20 . . . ft. to . . . 90 . . . ft., From . . . ft. to . . . ft.
 From . . . ft. to . . . ft., From . . . ft. to . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other _____
 Grout Intervals: From . . . 0 . . . ft. to . . . 20 . . . 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 NONE
 Direction from well? How many feet?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	TOP SOIL			
3	41	CLAY			
41	90	GRAVEL			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) . . . MARCH . 15, 1993 . . . 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) . . . APRIL 2, 1993 . . . under the business name of SAM'S WATER WELL SERVICE 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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

EW

SEC.

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