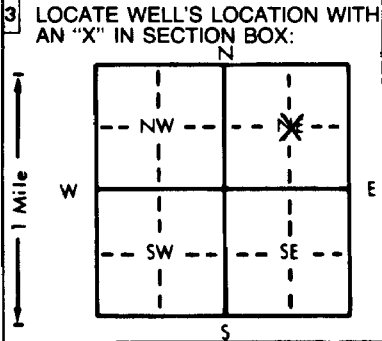


1 LOCATION OF WATER WELL: Fraction N 1/4 C 1/4 NE 1/4 Section Number 11 Township Number T 21 S Range Number R 12 EW

Distance and direction from nearest town or city street address of well if located within city?  
7 3/4 south, 2 1/4 west of Ellinwood

2 WATER WELL OWNER: Sam Jahay  
RR#, St. Address, Box #: 1936 NE 105 Ave.  
City, State, ZIP Code: Ellinwood, Ks. 67526  
Board of Agriculture, Division of Water Resources  
Application Number: 27306



4 DEPTH OF COMPLETED WELL: 101 ft. ELEVATION:  
Depth(s) Groundwater Encountered 1. . . . . ft. 2. . . . . ft. 3. . . . . ft.  
WELL'S STATIC WATER LEVEL 24 . . . . . ft. below land surface measured on mo/day/yr 5-17-00  
Pump test data: Well water was 59 . . . . . ft. after 1 1/2 . . . . . hours pumping 1100 . . . . . gpm  
Est. Yield 1200 . . . . . gpm: Well water was 61 . . . . . ft. after 2 . . . . . hours pumping 1200 . . . . . gpm  
Bore Hole Diameter . . . 28 . . . . . in. to 101 . . . . . 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 Monitoring well . . . . .  
Was a chemical/bacteriological sample submitted to Department? Yes . . . . . No . . . . . X . . . . .; If yes, mo/day/yr sample was sub-  
mitted . . . . . Water Well Disinfected? Yes . . . . . No . . . . . X . . . . .

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . X . . Clamped . . . . .  
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . .  
2 PVC 4 ABS 7 Fiberglass . . . . . Threaded . . . . .  
Blank casing diameter . . . 16 . . . . . in. to 61 . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.  
Casing height above land surface . . . 12 . . . . . in., weight . . . schedule 40 . . . . . 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 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: 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) . . . . .  
SCREEN-PERFORATED INTERVALS: From . . . 61 . . . . . ft. to 101 . . . . . ft., From . . . . . ft. to . . . . . ft.  
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
GRAVEL PACK INTERVALS: From . . . 20 . . . . . ft. to 101 . . . . . ft., From . . . . . ft. to . . . . . ft.  
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other . . hole plug . . . . .  
Grout Intervals: From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.  
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well  
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well  
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage  
Direction from well? east How many feet? 1/4 mile

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	7	Sandy top soil			
7	53	Dark brown clay w/fine sand			
53	72	Sand & gravel			
72	80	Brown clay w/streakes of sand			
80	100	Sand & 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) . . 6-6-00 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . 134 . . . . . This Water Well Record was completed on (mo/day/yr) . . 6-9-00 . . . . . under the business name of Rosencrantz-Bemis by (signature) *Tora Alepe*

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.