

1 LOCATION OF WATER WELL: County: COMANCHE Fraction: SE 1/4 SE 1/4 SW 1/4 Section Number: 29 Township Number: T 31 S Range Number: R 19 E/W

Distance and direction from nearest town or city street address of well if located within city?
From Coldwater 3 North 4 1/2 West

2 WATER WELL OWNER: LARRY ELLIS
 RR#, St. Address, Box #: _____ Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Coldwater, KS 67029 Application Number: _____

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

N				N
	---	NW	---	NE
	---		---	
	---	SW	---	SE
W				E
			X	
	S			

4 DEPTH OF COMPLETED WELL: 70 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. 45 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 40 ft. below land surface measured on mo/day/yr
 Pump test data: Well water was 1 ft. after _____ hours pumping _____ gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 10 in. to 70 in. to _____ in. to _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
 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
 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 _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter 5 in. to 50 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight 2.37 lbs./ft. Wall thickness or gauge No. 214
 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) _____
 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 50 ft. to 70 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 20 ft. to 70 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 _____
 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 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 16 Other (specify below)
 13 Insecticide storage
 Direction from well? South How many feet? 20

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>45</u>	<u>SAND</u>			
<u>46</u>	<u>50</u>	<u>SAND GRAVEL FINE</u>			
<u>51</u>	<u>70</u>	<u>GRAVEL</u>			

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) 6-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 411 This Water Well Record was completed on (mo/day/yr) 6-18-92 under the business name of LEH'S WELL SERVICE by (signature) Ron Lehl

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.

OFFICE USE ONLY
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SEC.
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