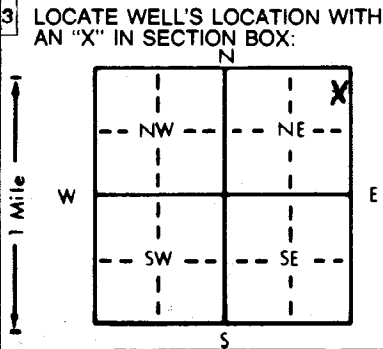


1 LOCATION OF WATER WELL: Fraction **NE 1/4 NE 1/4 NE 1/4** Section Number **29** Township Number **T 33 S** Range Number **R 16 E**  
 County: **MONTGOMERY**

Distance and direction from nearest town or city street address of well if located within city?  
**4 miles south of Independence 1/2 miles east north side rd**

2 WATER WELL OWNER: **DAVID & MARSHA HAYS**  
 RR#, St. Address, Box #: **P.O. #62** Board of Agriculture, Division of Water Resources  
 City, State, ZIP Code: **INDEPENDENCE KANSAS** Application Number:



4 DEPTH OF COMPLETED WELL: **130** ft. ELEVATION: ..... ft.  
 Depth(s) Groundwater Encountered 1. **50** ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL: **8** ft. below land surface measured on mo/day/yr **4/14/96**  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield **2** gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter: **8** in. to **130** ft., and ..... in. to ..... ft.  
 WELL WATER TO BE USED AS:  
 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  ..... 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 **130** ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface: **18** in., weight **SDR 26** 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     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 **130** ft. to **110** ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From **130** ft. to **20** 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 **20** ft. to **0** 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)  
 Direction from well? ..... How many feet? **150**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Sand Rock Stone			
1	24	SAND STONE			
24	28	GRAY SHALE			
28	82	LIME STONE			
82	94	GRAY SHALE			
94	100	LIME STONE			
100	130	BLACK SHALE			

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) **4/14/96** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **501** This Water Well Record was completed on (mo/day/yr) **4/14/96** under the business name of **Callier Water Well Service** by (signature) **Jennifer M. Callier**

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.