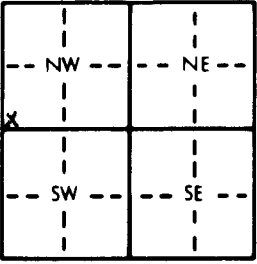


<b>1 LOCATION OF WATER WELL:</b>		Fraction	Section Number	Township Number	Range Number
County: <u>THOMAS</u>		<u>SW 1/4 SW 1/4 NW 1/4</u>	<u>25</u>	<u>T 10 S</u>	<u>R 31 E</u>
Distance and direction from nearest town or city street address of well if located within city? <u>2 N OF CAMPUS</u>					
<b>2 WATER WELL OWNER:</b> <u>LLOYD G. HAYS</u>					
RR#, St. Address, Box # : <u>Rt 1</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>OAKLEY, KS 67748</u>			Application Number:		
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>		<b>4 DEPTH OF COMPLETED WELL:</b> <u>60</u> ft. ELEVATION: <u>60</u> ft.			
<div style="text-align: center;">N W X E S</div> 		Depth(s) Groundwater Encountered 1. <u>30</u> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>X</u> <u>20</u> 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 _____ 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 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 _____			
<b>5 TYPE OF BLANK CASING USED:</b>					
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 <u>5</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
<b>TYPE OF SCREEN OR PERFORATION MATERIAL:</b>					
1 Steel 3 Stainless steel		5 Fiberglass 8 RMP (SR)		10 Asbestos-cement	
2 Brass 4 Galvanized steel		6 Concrete tile 9 ABS		11 Other (specify) _____	
				12 None used (open hole)	
<b>SCREEN OR PERFORATION OPENINGS ARE:</b>					
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) _____			
<b>SCREEN-PERFORATED INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>GRAVEL PACK INTERVALS:</b> From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
From _____ ft. to _____ ft., From _____ ft. to _____ ft.					
<b>6 GROUT MATERIAL:</b> 1 Neat cement ② Cement grout 3 Bentonite 4 Other _____					
Grout Intervals: From _____ ft. to _____ 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		<u>OIL TANKS</u>	
Direction from well? <u>NE</u>		How many feet? <u>1/4 mi</u>			
FROM	TO	LITHOLOGIC LOG		FROM	TO
		<u>old abandoned schoolyard with windmill</u>		PLUGGING INTERVALS	
				X DESCRIBE PLUGGING	
				<u>rock &amp; cement</u>	
				<u>cement base 6 ft. down</u>	
				<u>4 ft. rock and</u>	
				<u>covered with 2 ft of</u>	
				<u>cement.</u>	
				<u>6</u>	<u>2</u>
				<u>2</u>	<u>0</u>
				<u>rock</u>	
				<u>cement</u>	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or ③ plugged under my jurisdiction and was completed on (mo/day/year) _____ and this record is true to the best of my knowledge and belief, Kansas					
Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) <u>July 30, 1988</u>					
under the business name of _____ by (signature) <u>Lloyd G. Hays</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, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					