

1 LOCATION OF WATER WELL: County: <b>ELLIS</b>	Fraction <b>NE ¼ NE ¼ SE¼</b>	Section Number <b>27</b>	Township Number <b>T 11 S</b>	Range Number <b>R 18 E/W</b>
---	----------------------------------	-----------------------------	----------------------------------	---------------------------------

Distance and direction from nearest town or city street address of well if located within city?

**11 miles North and 1 mile West of HAYS KS**

2 WATER WELL OWNER: **GERALD WALTERS**  
 RR#, St. Address, Box # : **2451 160TH AVEW**  
 City, State, ZIP Code : **HAYS KS 67601**  
 Board of Agriculture, Division of Water Resources  
 Application Number: \_\_\_\_\_

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

	4 DEPTH OF COMPLETED WELL ..... <b>60</b> ..... ft. ELEVATION: _____ Depth(s) Groundwater Encountered 1 ..... <b>4.2</b> ..... ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ... <b>4.2</b> ..... ft. below land surface measured on mo/day/yr ..... <b>3-19-04</b> ..... Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... <b>8</b> ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well <b>X</b> Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well ..... Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>...x.x...</b> ; If yes, mo/day/yr sample was sub- mitted Water Well Disinfected? Yes No <b>xx</b>
--	--

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <b>...x.x...</b> Clamped .....
<b>X</b> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
		7 Fiberglass		Threaded .....

Blank casing diameter ..... **5** ..... in. to ..... **4.0** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... **1.8** ..... in., weight ..... **1.60** ..... lbs./ft. Wall thickness or gauge No. ....  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **X** 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 Guazed wrapped 8 Saw cut 11 None (open hole)  
 1 Continuous slot **X** Mill slot 6 Wire wrapped 9 Drilled holes  
 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From ..... **40** ..... ft. to ..... **60** ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... **30** ..... ft. to ..... **60** ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout **X** Bentonite 4 Other .....

Grout Intervals: From ..... **0** ..... ft. to ..... **30** ..... 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	

Direction from well? \_\_\_\_\_ How many feet? \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	SURFACE CLAY			
10	20	HARD GRAY CLAY			
20	30	YELLOW LIMESTONE			
30	40	WHITE LIMESTONE			
40	50	SOFT PORUS WHITE LIMESTONE			
50	60	WHITE LIMESTONE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **XXX** constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... **3-19-04** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **444** ..... This Water Well Record was completed on (mo/day/yr) ..... **3-19-04** ..... under the business name of **Andy Anderson Drilling** by (signature) *Andy Anderson*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.