

1 LOCATION OF WATER WELL	Fraction SE ¼ NW ¼ NW ¼	Section Number 27	Township Number T 11 S	Range Number R 20 E/W
--------------------------	----------------------------	----------------------	---------------------------	--------------------------

Distance and direction from nearest town or city? 10 miles North of Ellis, Kansas
 Street address of well if located within city?

2 WATER WELL OWNER: Jack Buchheister
 RR#, St. Address, Box #: 211 West 34th
 City, State, ZIP Code: Hays, Kansas 67601
 Board of Agriculture, Division of Water Resources
 Application Number:

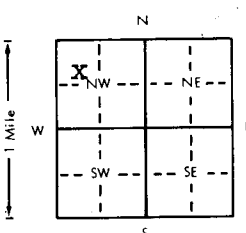
3 DEPTH OF COMPLETED WELL 115 ft. Bore Hole Diameter 9 in. to _____ ft., and _____ in. to _____ ft.
 Well Water to be used as: 1 5 Public water supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well
 Well's static water level 76 ft. below land surface measured on September month 1 day 1980 year
 Pump Test Data: Well water was 110 ft. after 1 hours pumping 6 gpm
 Est. Yield 6 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

4 TYPE OF BLANK CASING USED: 2 5 Wrought iron 8 Concrete tile Casing Joints: Glued Clamped _____
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____
 Blank casing dia 5 in. to 95 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 24 in., weight 200 lbs./ft. Wall thickness or gauge No. 21
 TYPE OF SCREEN OR PERFORATION MATERIAL: 7 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: 8 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-Perforation Dia 5 in. to 115 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 95 ft. to 115 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.
 Gravel Pack Intervals: From 75 ft. to 115 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.

5 GROUT MATERIAL: 1 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grouted Intervals: From 0 ft. to 10 ft., From _____ ft. to _____ ft. to _____ ft. to _____ ft.
 What is the nearest source of possible contamination: none 10 Fuel storage 14 Abandoned water well
1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well
2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines
 Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes No
 Was a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample
 was submitted _____ month _____ day _____ year: Pump Installed? Yes No
 If Yes: Pump Manufacturer's name Aermotor Model No. _____ HP 1/2 Volts 230
 Depth of Pump Intake 112 ft. Pumps Capacity rated at 10 gal./min.
 Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other

6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
 completed on September month 1 day 1980 year
 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 199
 This Water Well Record was completed on October month 15 day 1980 year under the business
 name of Karst Water Well Drilling and Service by (signature) [Signature]

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



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	2	Topsoil			
2	40	White rock and clay			
40	58	Brown clay and rock			
58	100	White rock and clay			
100	109	Sand and clay			
109	115	Blue shale			

ELEVATION: Slope

Depth(s) Groundwater Encountered 1 ft. 100 ft. 2 _____ ft. 3 _____ ft. 4 _____ ft. (Use a second sheet if needed)

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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
T
11
R
20
NW
SEC
07
SE
1/4
NW
1/4
NW
1/4