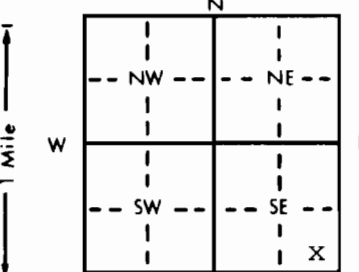


1 LOCATION OF WATER WELL: County: Ellis Fraction: SE 1/4 SE 1/4 SE 1/4 Section Number: 20 Township Number: T 13 S Range Number: R 18 E/W

Distance and direction from nearest town or city street address of well if located within city?
41 st Street, Hays, Kansas

2 WATER WELL OWNER: Mike Brecht
 RR#, St. Address, Box #: 2733 Unit B Colonial Street Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Hays, Kansas 67601 Application Number:

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


4 DEPTH OF COMPLETED WELL: 80 ft. ELEVATION: Upland
 Depth(s) Groundwater Encountered 1. 62 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: 45 ft. below land surface measured on mo/day/yr 4/24/96
 Pump test data: Well water was 45 ft. after 1 hours pumping 20 gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 10 in. to 80 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 7 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 X; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED: 2 _____ 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued X Clamped _____
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 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 2.29 lbs./ft. Wall thickness or gauge No. 26
 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-PERFORATED INTERVALS: From 80 ft. to 50 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 25 ft. to 80 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 3 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: None 10 Livestock pens 14 Abandoned water well
 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage
 Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Topsoil			
4	50	Gumbo			
50	55	Loose, limestone gravel			
55	62	Clay			
62	64	Sand			
64	68	Weathered shale			
68	80	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) 4/24/96 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 (mo/day/yr) 5/14/96 under the business name of Karst Water Well Drilling & Service, Inc. by (signature) [Signature]

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.

OFFICE USE ONLY
T
R
EW
SEC.