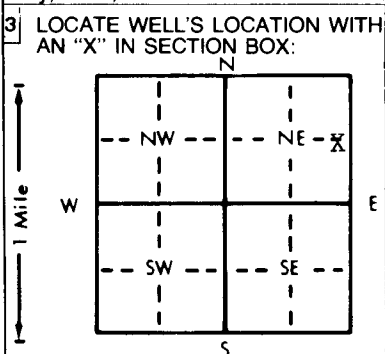


1 LOCATION OF WATER WELL: County: **Ellis** Fraction: **NE 1/4 SE 1/4 NE 1/4** Section Number: **28** Township Number: **T 13 S** Range Number: **R 18** **EW**

Distance and direction from nearest town or city street address of well if located within city? **70' Southeast from center of front door of station, 3601 Vine, Hays, KS** Amoco #9667 52895060 MW-3

2 WATER WELL OWNER: **Amoco Oil Company**
 RR#, St. Address, Box #: **8700 Indian Creek Parkway, Bldg. 3, Ste. 180** Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: **Overland Park, KS 66210** Application Number:



4 DEPTH OF COMPLETED WELL: **30.0** ft. ELEVATION: **Approx. Surface Elev: 2040**
 Depth(s) Groundwater Encountered 1. **24** ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL **21.7** ft. below land surface measured on mo/day/yr **12/26/89**
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield **N/A** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter **9** in. to **30.0** 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 **X**; If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes _____ No **X**

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded _____
2 PVC 4 ABS 7 Fiberglass _____ Threaded **X**
 Blank casing diameter **2** in. to **14.5** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **-4** in., weight _____ lbs./ft. Wall thickness or gauge No. **Schedule 40**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **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:
 1 Continuous slot **3 Mill slot** 6 Wire wrapped 8 Saw cut 11 None (open hole)
 2 Louvered shutter 4 Key punched 7 Torch cut 9 Drilled holes 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From **14.5** ft. to **29.5** ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **13.0** ft. to **30.0** 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 **0** ft. to **11.5** ft., From **11.5** ft. to **13.0** ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination:
 1 Septic tank 4 Lateral lines 7 Pit privy **11 Fuel storage** 14 Abandoned water well
 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well
 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) _____
 Direction from well? **Northwest** How many feet? **85**

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------|------|--|------|----|--------------------|
| 0 | .2 | Asphalt | | | |
| .2 | 1.0 | Fill: Brown Fine Sand | | | |
| 1.0 | 3.5 | Dark Brown Lean to Fat Clay | | | |
| 3.5 | 6.5 | Gray-Brown Lean to Fat Clay w/Calcareous Nodules | | | |
| 6.5 | 19.0 | Red-Brown Fat Clay | | | |
| 19.0 | 24.0 | Gray-Brown Lean to Fat Clay | | | |
| 24.0 | 26.5 | Light Brown Clayey Sand | | | |
| 26.5 | 30.0 | Gray-Brown Fat Clay | | | |

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) **12/04/89** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **416** This Water Well Record was completed on (mo/day/yr) **11/9/90** under the business name of **Terracon Consultants, 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 two copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.