

1 LOCATION OF WATER WELL County: Ellis	Fraction SE 1/4 NE 1/4 NE 1/4	Section Number 34	Township Number T 13 S	Range Number R 18 XX EW
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Distance and direction from nearest town or city? _____ Street address of well if located within city?
26th & Canterbury Roads, Hays, Kansas 67601

2 WATER WELL OWNER: **Dr Mickey Myrick**
RR#, St. Address, Box #: **2501 Canterbury Road** Board of Agriculture, Division of Water Resources
City, State, ZIP Code: **Hays, Kansas 67601** Application Number: _____

3 DEPTH OF COMPLETED WELL: **47** ft. Bore Hole Diameter _____ in. to _____ ft., and _____ in. to _____ ft.
Well Water to be used as: **11** 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 **27** ft. below land surface measured on **August** month **27** day **1980** year
Pump Test Data: Well water was **40** ft. after **1** hours pumping **25** gpm
Est. Yield **25** 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 **27** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Casing height above land surface **16** in., weight **200** lbs./ft. Wall thickness or gauge No. **24**

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 **47** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
Screen-Perforated Intervals: From **27** ft. to **47** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
Gravel Pack Intervals: From **20** ft. to **47** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

5 GROUT MATERIAL: **1** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
Grouted Intervals: From **4** ft. to **14** ft., From _____ ft. to _____ ft., From _____ 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 _____ Model No. _____ HP _____ Volts _____
Depth of Pump Intake _____ ft. Pumps Capacity rated at _____ 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 **August** month **27** 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 **September** month **8** day **1980** year under the business name of **Karst Water Well Service** by (signature) *Carl B. Karst*

LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	FROM		TO		LITHOLOGIC LOG		FROM		TO		LITHOLOGIC LOG	
		0	3	3	19	Topsoil						
3		19	19	33	Yellow clay							
19		33	33	38	Sand and clay mixed							
33		38	38	41	Brown clay							
38		41	41	47	Gray clay							
	41	47			Blue shale							

ELEVATION: **Upland**
Depth(s) Groundwater Encountered **1** _____ 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
13
R
18
SEC.
34
SE 1/4
NE 1/4
NE 1/4