

1 LOCATION OF WATER WELL	Fraction SW 1/4 NE 1/4 NE 1/4	Section Number 34	Township Number T 13 S	Range Number R 18 XEW
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Distance and direction from nearest town or city? _____ Street address of well if located within city?
 2515 Marjorie Drive, Hays, Kansas 67601

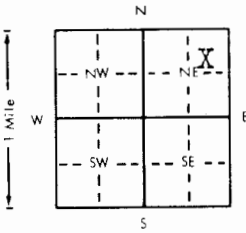
2 WATER WELL OWNER: Frank Stramel
 RR#, St. Address, Box # : 2515 Marjorie Drive Board of Agriculture, Division of Water Resources
 City, State, ZIP Code : Hays, Kansas 67601 Application Number: _____

3 DEPTH OF COMPLETED WELL: 52 ft. Bore Hole Diameter: 9 in. to _____ 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 Observation well
 Well's static water level: 35 ft. below land surface measured on September month 3 day 1980 year
 Pump Test Data: Well water was 38 ft. after 1 hours pumping 15 gpm
 Est. Yield 15 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 42 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Casing height above land surface: 16 in., weight 300 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 52 ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From 42 ft. to 52 ft. From _____ ft. to _____ ft.
 From _____ ft. to _____ ft. From _____ ft. to _____ ft.
 Gravel Pack Intervals: From 30 ft. to 52 ft. From _____ ft. to _____ 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 0 ft. to 10 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: F & W Model No. 5BA8 HP 1 / 2 Volts 230
 Depth of Pump Intake: 48 ft. Pumps Capacity rated at 10 gal./min.
 Type of pump: 1 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 29 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 5 day 1980 year under the business
 name of Karst Water Well Service by (signature) [Signature]

7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 	FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG	
		0	3	Topsoil			
		3	43	Yellow clay			
		43	49	Sand			
		49	52	Blue shale			

ELEVATION: Upland

Depth(s) Groundwater Encountered 1. 43 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 SW 1/4 NE 1/4 NE 1/4