

LOCATION OF WATER WELL County: Ellis	Fraction SW 1/4 NE 1/4 NW 1/4	Section Number 34	Township Number T 13 S	Range Number R 18 19 EW
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Location and direction from nearest town or city? _____ Street address of well if located within city? **1324 Schwaller Avenue, Hays, Kansas 67601**

WATER WELL OWNER: **Bob Lang**
 R#, St. Address, Box # : **1324 Schwaller Ave.**
 City, State, ZIP Code : **Hays, Kansas 67601**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

DEPTH OF COMPLETED WELL: **48** 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 **August** month **21** day **1980** year

Pump Test Data: Well water was **38** ft. after **1** hours pumping **15** gpm
 Static Yield **15** gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

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 **38** 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. **20**

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) _____

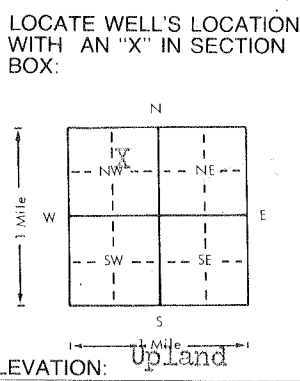
Screen-Perforation Dia: **5** in. to **48** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Screen-Perforated Intervals: From **38** ft. to **48** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 Gravel Pack Intervals: From **35** ft. to **48** ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

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 _____
 Has a chemical/bacteriological sample submitted to Department? Yes _____ No If yes, date sample
 as submitted _____ month _____ day _____ year: Pump Installed? Yes No _____
 Yes: Pump Manufacturer's name: **F & N** Model No. **5BA8** HP **1/2** Volts **230**
 Depth of Pump Intake: **45** ft. Pumps Capacity rated at **10** gal./min.
 Type of pump: **1** 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other _____

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 **21** 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 5** month **5** day **1980** year under the business
 name of **Karst Water Well Service** by (signature) *[Signature]*



FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	3	Topsoil			
3	39	Yellow clay			
39	45	Sand			
45	48	Blue shale			

Depth(s) Groundwater Encountered **1** **39** 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.