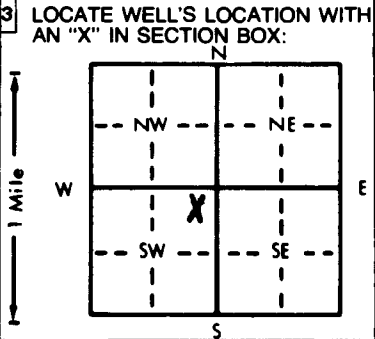


WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL: County: <u>ELLIS</u>	Fraction <u>NE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>35</u>	Township Number <u>T 13 S</u>	Range Number <u>R 18 E/W</u>
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Distance and direction from nearest town or city street address of well if located within city?
2517 E 21st HAYS KS

2 WATER WELL OWNER: ROBERT KLAUS 2517 E 21st RR#, St. Address, Box # : City, State, ZIP Code : <u>HAYS HAYS KS 67601</u>	Board of Agriculture, Division of Water Resources Application Number:
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4 DEPTH OF COMPLETED WELL: <u>32</u> ft. ELEVATION: Depth(s) Groundwater Encountered <u>1</u> ft. <u>20</u> ft. <u>3</u> ft. WELL'S STATIC WATER LEVEL <u>18</u> ft. below land surface measured on mo/day/yr <u>6-8-99</u> Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>10</u> in. to <u>32</u> in. and _____ in. to _____ in.	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 <u>X</u> Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>XX</u> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes _____ No <u>XX</u>
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5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) <u>X</u> PVC 4 ABS Blank casing diameter <u>5</u> in. to <u>20</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <u>18</u> in., weight <u>160</u> lbs./ft. Wall thickness or gauge No. _____	5 Wrought iron 8 Concrete tile 6 Asbestos-Cement 9 Other (specify below) 7 Fiberglass CASING JOINTS: Glued <u>XX</u> Clamped _____ Welded _____ Threaded _____	TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) _____ 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>XX</u> Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____
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6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <u>XX</u> Bentonite 4 Other _____ Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.	What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage	Direction from well? _____ How many feet? _____
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FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	SURFACE CLAY			
2	20	HARD YELLOW CLAY			
20	24	FINE SAND			
24	27	MED TO FINE SAND			
27	30	SOAPSTONE			
30	32	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 6-8-99 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 444 This Water Well Record was completed on (mo/day/yr) 6-8-99 under the business name of ANDY ANDERSON DRILLING by (signature) Andy Anderson

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
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