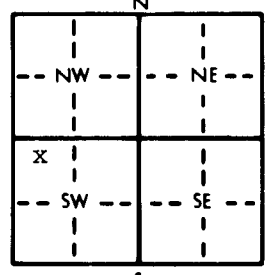


1 LOCATION OF WATER WELL: County: ELLIS	Fraction NW ¼ NW ¼ SW ¼	Section Number 29	Township Number T 13 S	Range Number R 18 EW
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Distance and direction from nearest town or city street address of well if located within city?  
3010 COLUMBINE HAYS KS

2 WATER WELL OWNER: GLENN ~~XXX~~ HAZELHORST  
 RR#, St. Address, Box # : 3010 COLUMBINE  
 City, State, ZIP Code : HAYS KS 67601  
 Board of Agriculture, Division of Water Resources  
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  


4 DEPTH OF COMPLETED WELL 52 ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1. 40 ft. 2. .... ft. 3. .... ft.  
 WELL'S STATIC WATER LEVEL 40 ft. below land surface measured on mo/day/yr 2-28-00  
 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield 10 gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Bore Hole Diameter 10 in. to 52 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 ~~XXX~~ Lawn and garden only 10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes.....No...~~XXX~~...; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes No ~~XXX~~

5 TYPE OF BLANK CASING USED:  
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ~~XXX~~ Clamped .....  
~~XXX~~ PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded .....  
 7 Fiberglass Threaded.....  
 Blank casing diameter 5 in. to 32 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface 18 in., weight 160 lbs./ft. Wall thickness or gauge No. ....

TYPE OF SCREEN OR PERFORATION MATERIAL: ~~XXX~~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 ~~XXX~~ 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) .....

SCREEN-PERFORATED INTERVALS: From 32 ft. to 52 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From 32 ft. to 52 ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ~~XXX~~ Bentonite 4 Other .....  
 Grout intervals: From 0 ft. to 32 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?

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	SURFACE CLAY			
10	20	WHITE LIMESTONE ROCK			
20	32	HARD YELLOW CLAY			
32	50	MED SAND			
50	52	BLUE SHALE			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ~~XX~~ constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 2-28-00 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) 2-28-00 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.

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T  
R  
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SEC.