

1 LOCATION OF WATER WELL: County: Ellis, Fraction: NE 1/4 SW 1/4 NW 1/4, Section Number: 35, Township Number: T 13 S, Range Number: R 18 E/W

Distance and direction from nearest town or city street address of well if located within city?

Hays Medical Center, St. Anthony's Campus, Hays

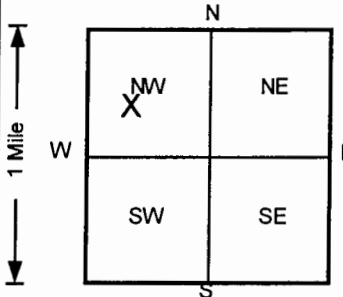
2 WATER WELL OWNER: Hays Medical Center

RR#, St. Address, Box #: 201 E. 7th

City, State, ZIP Code: Hays, Kansas 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: 20 ft. ELEVATION: 2022.68

Depth(s) Groundwater Encountered 1... ft 2... ft 3... ft

WELL'S STATIC WATER LEVEL: 14.87 ft. below land surface measured on mo/day/yr: 3/20/2000

Pump test data: Well water was NA ft. after ... hours pumping ... gpm

Est. Yield NA gpm: Well water was ... ft. after ... hours pumping ... gpm

Bore Hole Diameter: 8 in. to 20 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 7 Lawn and garden only 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes...No...; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes No [checked]

5 TYPE OF BLANK CASING USED: 1 Steel 2 PVC 3 RMP (SR) 4 ABS 5 Wrought iron 6 Asbestos-Cement 7 Fiberglass 8 Concrete tile 9 Other (specify below) CASING JOINTS: Glued Clamped Welded Threaded [checked]

Blank casing diameter: 2 in. to 10 ft. Dia ... in. to ... ft. Dia ... in. to ... ft.

Casing height above land surface: 31.68 in., weight Sch 40 lbs./ft. Wall thickness or gauge No. ...

TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 3 Stainless steel 4 Galvanized steel 5 Fiberglass 6 Concrete tile 7 PVC 8 RMP (SR) 9 ABS 10 Asbestos-cement 11 Other (specify) 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 3 Mill slot 4 Key punched 5 Gauzed wrapped 6 Wire wrapped 7 Torch cut 8 Saw cut 9 Drilled holes 11 None (open hole) 10 Other (specify) ...

SCREEN-PERFORATED INTERVALS: From 10 ft. to 20 ft., From ... ft. to ... ft., From ... ft. to ... ft.

GRAVEL PACK INTERVALS: From 9 ft. to 20 ft., From ... ft. to ... ft., From ... ft. to ... ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other

Grout intervals: From 0 ft. to 2 ft., From 2 ft. to 9 ft., From ... ft. to ... ft.

What is the nearest source of possible contamination: 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess pool 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens 11 Fuel storage 12 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) Former UST Basin

Direction from well? west How many feet? 15

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, PLUGGING INTERVALS. Rows show depth intervals (0-8, 8-14, 14-16, 16-20) and lithology (Clay, Brown-Light Brown, Clay, Brown, Clay, Light Gray Brown, Clay, Light Gray Brown).

MW1, Tag # 00297842, Abovegrade Project Name: Hays Medical Center-St. Anthony Campu GeoCore # 689, KDHE # U6 026 11612

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 3/16/2000 and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/yr) 4/13/00 under the business name of GeoCore Services, Inc. by (signature) Dan Roll

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.