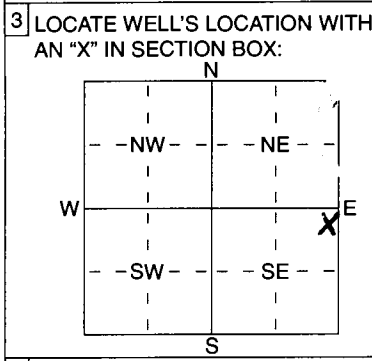


|   |   |                             |                                  |                                 |
|---|---|-----------------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL:<br>County: <b>ELLIS</b> | Fraction<br><b>NE 1/4 NE 1/4 SE 1/4</b> | Section Number<br><b>29</b> | Township Number<br><b>T 13 S</b> | Range Number<br><b>R 18 E/W</b> |
|---|---|-----------------------------|----------------------------------|---------------------------------|

Distance and direction from nearest town or city street address of well if located within city?  
**1113 PINEHURST HAYS KS**

2 WATER WELL OWNER: **JERRY JONES**  
 RR#, St. Address, Box # : **1113 PINEHURST**  
 City, State, ZIP Code : **Hays KS 67601**  
 Board of Agriculture, Division of Water Resources  
 Application Number:



4 DEPTH OF COMPLETED WELL ..... **90** ..... ft. ELEVATION: .....

Depth(s) Groundwater Encountered 1 ..... **60** ..... ft. 2 ..... ft. 3 ..... ft.

WELL'S STATIC WATER LEVEL ..... **60** ..... ft. below land surface measured on mo/day/yr ..... **9-4-02**

Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm  
 Est. Yield ..... **40** ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm

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                                     |
| 2 Irrigation          | 4 Industrial       | <input checked="" type="checkbox"/> Domestic (lawn & garden) |
|                       | 9 Dewatering       | 12 Other (Specify below)                                     |
|                       | 10 Monitoring well |  |

Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... **xx** ; if yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes ..... No **xx**

5 TYPE OF BLANK CASING USED:

|   |            |                   |                         |  |
|---|------------|-------------------|-------------------------|--|
| 1 Steel                                 | 3 RMP (SR) | 5 Wrought iron    | 8 Concrete tile         | CASING JOINTS: Glued ..... Clamped ..... |
| <input checked="" type="checkbox"/> PVC | 4 ABS      | 6 Asbestos-Cement | 9 Other (specify below) | Welded .....                             |
|   |            | 7 Fiberglass      |                         | Threaded .....                           |

Blank casing diameter ..... **5** ..... in. to ..... **60** ..... 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:

|         |                    |                 |   |                          |
|---------|--------------------|-----------------|---|--------------------------|
| 1 Steel | 3 Stainless Steel  | 5 Fiberglass    | <input checked="" type="checkbox"/> PVC | 10 Asbestos-Cement       |
| 2 Brass | 4 Galvanized Steel | 6 Concrete tile | 8 RMP (SR)                              | 11 Other (Specify)       |
|         |                    |                 | 9 ABS                                   | 12 None used (open hole) |

SCREEN OR PERFORATION OPENINGS ARE:

|                    |   |                  |                          |                     |
|--------------------|---|------------------|--------------------------|---------------------|
| 1 Continuous slot  | <input checked="" type="checkbox"/> 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 ..... **60** ..... ft. to ..... **90** ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

GRAVEL PACK INTERVALS: From ..... **50** ..... ft. to ..... **90** ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

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

Grout Intervals: From ..... **0** ..... ft. to ..... **40** ..... 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        | 40 | HARD YELLOW CLAY |      |    |                    |
| <b>40</b> | 50 | HARD GRAY CLAY   |      |    |                    |
| 50        | 60 | FINE SAND        |      |    |                    |
| 60        | 70 | MED SAND         |      |    |                    |
| 70        | 80 | MED SOFT CLAY    |      |    |                    |
| 80        | 88 | LARGE SAND       |      |    |                    |
| 88        | 90 | BLUE SHALE       |      |    |                    |
|           |    |                  |      |    |                    |
|           |    |                  |      |    |                    |
|           |    |                  |      |    |                    |
|           |    |                  |      |    |                    |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... **9-4-02** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **444** ..... This Water Well Record was completed on (mo/day/yr) ..... **9-4-02** ..... 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.