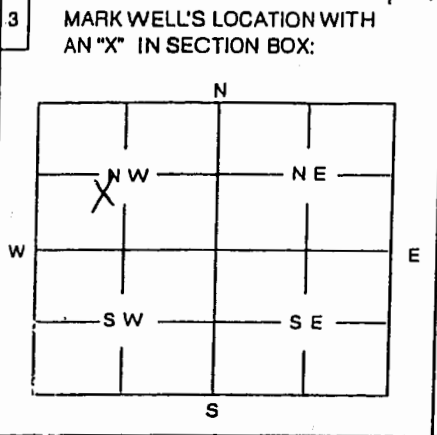


1	LOCATION OF WATER WELL: County: <u>Ellis</u>	Fraction <u>NW</u> <u>NE 1/4 SW 1/4 NE 1/4</u>	Section Number <u>35</u>	Township Number <u>13 S</u>	Range Number <u>18 W</u>
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Distance and direction from nearest town or city street address of well if located within city?  
Hays Medical Center, St. Anthony's Campus, Hays, Kansas

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:



4 DEPTH OF WELL ..... 20 ..... ft  
WELL'S STATIC WATER LEVEL ..... ft.  
WELL WAS USED AS:  
1 Domestic                      5 Public Water Supply                      9 Dewatering  
2 Irrigation                      6 Oil Field Water Supply                      10 Monitoring Well  
3 Feedlot                          7 Domestic (Lawn & Garden)                      11 Injection Well  
4 Industrial                      8 Air Conditioning                          12 Other .....

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

Water Well Disinfected: Yes ..... No

5 TYPE OF BLANK CASING USED:  
1 Steel      3 RMP (SR)      5 Wrought      7 Fiberglass      9 Other (Specify below)  
2 PVC      4 ABS      6 Asbestos-Cement      8 Concrete Tile

Blank casing diameter ..... 2 ..... in.      Was casing pulled? Yes  No .....  
Casing height above or below land surface ..... N/A ..... in.      If yes, how much ..... 10'

6 GROUT PLUG MATERIAL: 1 Neat cement    2 Cement grout    3 Bentonite    4 Other Native soil  
Grout Plug Intervals: From 0 ft. to 1 ft., From 1 ft. to 15 ft., From ..... to ..... ft.

What is the nearest source of possible contamination:  
1 Septic tank                      6 Seepage pit                      11 Fuel storage                      16 Other (specify below) Former UST Basin  
2 Sewer lines                      7 Pit privy                          12 Fertilizer storage  
3 Watertight sewer lines                      8 Sewage lagoon                      13 Insecticide storage  
4 Lateral lines                      9 Feedyard                          14 Abandoned water well  
5 Cess Pool                          10 Livestock pens                      15 Oil well/Gas well

Direction from well? West      How many feet? ..... 100 .....

FROM	TO	PLUGGING MATERIALS
0	1	Native soil
1	15	Bentonite (8")
15	20	Bentonite (2")

MW 2 # 657

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/24/2003 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/year) ..... under the business name of C.S. Co. Inc.  
by (signature) [Signature]

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.