

1 LOCATION OF WATER WELL: County: <b>Ellis</b>	Fraction <b>SE 1/4 SW 1/4 NW 1/4</b>	Section Number <b>33</b>	Township Number <b>T 13 S</b>	Range Number <b>R 18 E/W</b>
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Distance and direction from nearest town or city street address of well if located within city?  
**1610 Elm - Hays, Kansas**

2 WATER WELL OWNER: **Kris Munsch**  
 RR#, St. Address, Box # : **1610 Elm**  
 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:

N	
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NW	NE
X	
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W	E
S	

4 DEPTH OF COMPLETED WELL ..... **75** ..... ft. ELEVATION: .....  
 Depth(s) Groundwater Encountered 1 ..... **60** ..... ft. 2 ..... ft. 3 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... **50** ..... ft. below land surface measured on mo/day/yr ..... **4/13/05** .....  
 Pump test data: Well water was ..... **50** ..... ft. after ..... **2** ..... hours pumping ..... **15** ..... gpm  
 Est. Yield ..... **15** ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm  
 WELL WATER TO BE USED AS: **7** 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 Domestic (lawn & garden)    10 Monitoring well  
 Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... **X** .....; If yes, mo/day/yr sample was submitted  
 Water Well Disinfected? Yes **X**    No

5 TYPE OF BLANK CASING USED: **2**    5 Wrought iron    8 Concrete tile    CASING JOINTS: Glued ..... **X** ..... Clamped .....  
 1 Steel    3 RMP (SR)    6 Asbestos-Cement    9 Other (specify below)    Welded .....  
 2 PVC    4 ABS    7 Fiberglass    .....    Threaded .....  
 Blank casing diameter ..... **5** ..... in. to ..... **55** ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.  
 Casing height above land surface ..... **16** ..... in., weight ..... **2.91** ..... lbs./ft. Wall thickness or guage No. ..... **.21** .....  
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7**    7 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: **8**    5 Guazed wrapped    8 Saw cut    11 None (open hole)  
 1 Continuous slot    3 Mill slot    6 Wire wrapped    9 Drilled holes  
 2 Louvered shutter    4 Key punched    7 Torch cut    10 Other (specify) ..... ft.  
 SCREEN-PERFORATED INTERVALS: From ..... **55** ..... ft. to ..... **75** ..... ft., From ..... ft. to ..... ft.  
 From ..... **75** ..... ft. to ..... **20** ..... ft., From ..... ft. to ..... ft.  
 GRAVEL PACK INTERVALS: From ..... **75** ..... ft. to ..... **20** ..... ft., From ..... ft. to ..... ft.  
 From ..... ft. to ..... ft., From ..... ft. to ..... ft.

6 GROUT MATERIAL: **3**    1 Neat cement    2 Cement grout    3 Bentonite    4 Other .....  
 Grout Intervals: From ..... **0** ..... ft. to ..... **20** ..... 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	3	Topsoil			
3	60	Clay and gumbo			
60	65	Sand			
65	75	Shale			

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) ..... **4/21/05** ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... **199** ..... This Water Well Record was completed on (mo/day/yr) ..... **5/5/05** ..... under the business name of **Karst Water Well Drilling & Service, 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, 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.