

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <b>Ellis</b>	<b>NE</b> ¼ <b>SE</b> ¼ <b>SW</b> ¼	<b>33</b>	T <b>13</b> S	R <b>18</b> E <b>W</b>

Distance and direction from nearest town or city street address of well if located within city?  
**1302 Main Street, Hays, Kansas**

2 WATER WELL OWNER: **Carol Scheck**  
 RR#, St. Address, Box # : **P.O. Box 687**  
 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 <b>35.0</b> ft. ELEVATION: _____
	Depth(s) Groundwater Encountered 1 <b>24.0</b> ft. 2 _____ ft. 3 _____ ft.
	WELL'S STATIC WATER LEVEL <b>25.06</b> ft. below land surface measured on mo/day/yr <b>08/16/07</b>
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	Est. Yield <b>NA</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
	Bore Hole Diameter <b>8.5</b> in. to <b>35.0</b> ft. and _____ in. to _____ ft.

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well  
 1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)  
 2 Irrigation 4 Industrial 7 Lawn and garden (domestic) **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 \_\_\_\_\_ No **X**

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
<b>2</b> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <b>X</b>

Blank casing diameter **2.375** in. to **15.0** ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft., Dia \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **Flush Mount** in., weight \_\_\_\_\_ lbs./ft. Wall thickness or gauge No. **Schedule 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	<b>7</b> 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	<b>3</b> 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 **35.0** ft. to **15.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **35.0** ft. to **13.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ 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 **0.0** ft. to **1.0** ft. From **1.0** ft. to **13.0** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	<b>10</b> Livestock pens	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	<b>11</b> 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? **Northwest** How many feet? **50**

FROM	TO	CODE	LITHOLOGIC LOG
0.0	8.5		Light brown very silty clay, much limestone fragments, caliche, firm, slightly moist-moist
8.5	12.0		Brown clayey sand-sandy clay, very fine grained, friable, moist
12.0	16.0		Brown silty clay, limestone fragments, firm, moist
16.0	20.0		Dark brown very silty clay, firm, moist
20.0	26.0		Light brown clayey silt-very fine grained sand, very moist, wet @ 24'
26.0	32.0		Brown fine-coarse grained sand, slightly clayey, slightly gravelly, poorly sorted, sub-rounded, wet
32.0	35.0		Dark brown fine-coarse grained sand, clayey, gravelly, poorly sorted, sub-rounded, wet
Exception to K.A.R. 28-30-6(b) (1) and (e) approved by D. Taylor, KDHE-BOW.			

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/yr) **08/16/07** and this record is true to the best of my knowledge and belief. Kansas  
 Water Well Contractor's License No. **692** This Water Well Record was completed on (mo/day/yr) **08/21/07**  
 under the business name of **Quad State Services, Inc.** by (signature) *[Signature]*

INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY

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