

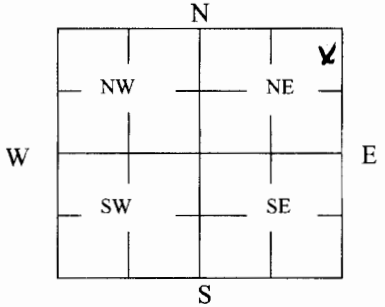
**1 LOCATION OF WATER WELL:** Fraction 1/4 NE 1/4 NE 1/4 Section Number 34 Township Number 13 S Range Number 18 E/W  
 County: ELLIS

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

HAYS FAMILY MEDICINE 2509 CANTERBURY DR. HAYS KS WELL IN FRONT OF Bldg SOUTH END

**2 WATER WELL OWNER:** HAY MEDICAL CENTER  
 RR#, St. Address, Box #: 2220 CANTERBURY DR.  
 City, State ZIP Code: HAYS KS 67601  
**Global Positioning Systems** (decimal degrees, min. of 4 digits)  
 Latitude: \_\_\_\_\_  
 Longitude: \_\_\_\_\_  
 Elevation: \_\_\_\_\_  
 Datum: \_\_\_\_\_  
 Data Collection Method: \_\_\_\_\_

**3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:**



**4 DEPTH OF WELL** 34 ft.

WELL'S STATIC WATER LEVEL 26 ft

WELL WAS USED AS:

- |              |                            |                          |
|--------------|----------------------------|--------------------------|
| 1 Domestic   | 5 Public Water Supply      | 9 Dewatering             |
| 2 Irrigation | 6 Oil Field Water Supply   | 10 Monitoring            |
| 3 Feedlot    | 7 Domestic (Lawn & Garden) | <u>11 Injection Well</u> |
| 4 Industrial | 8 Air Conditioning         | 12 Other _____           |

Was a chemical/bacteriological sample submitted to Department? 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 5 in. Was casing pulled? Yes  No \_\_\_\_\_ If yes, how much 3'  
 Casing height above or below land surface -36 in.

**6 GROUT PLUG MATERIAL:** 1 Neat cement 2 Cement grout 3 Bentonite 4 Other \_\_\_\_\_

Grout Plug Intervals: From 34 ft. to 0 ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ 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)         |
| 2 Sewer lines                   | 7 Pit privy       | 12 Fertilizer storage   | _____                            |
| <u>3 Watertight sewer lines</u> | 8 Sewage lagoon   | 13 Insecticide storage  | _____                            |
| 4 Lateral lines                 | 9 Feedyard        | 14 Abandoned water well | Direction from well? <u>WEST</u> |
| 5 Cess pool                     | 10 Livestock pens | 15 Oil well/Gas well    | How many feet? <u>60'</u>        |

FROM	TO	PLUGGING MATERIALS	FROM	TO	PLUGGING MATERIALS
<u>34'</u>	<u>0'</u>	<u>BENTONITE</u>			

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3/24/16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 478. This Water Well Record was completed on (mo/day/year) 4/21/16 under the business name of HANNENSTEL WATERWELL by (signature) [Signature]

**INSTRUCTIONS:** Use typewriter or ballpoint 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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records. Visit us at <http://www.kdheks.gov/geo/waterwells>.