

MW2

1 LOCATION OF WATER WELL: County: Ellis Fraction: NW 1/4 SW 1/4 NW 1/4 Section Number: 34 Township Number: T 13 S Range Number: R 18 E (W)

Distance and direction from nearest town or city street address of well if located within city?
behind Fisher Furniture at 2414 Vine St. in Hays, KS (near SE corner)

2 WATER WELL OWNER: KS. Dept. of Health & Environment
 RR#, St. Address, Box #: Forbes Field, Bldg 740
 City, State, ZIP Code: Topeka, KS 66620
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: [Diagram of a 36-acre section divided into four 9-acre quadrants (NW, NE, SW, SE). A vertical line labeled 'N' and a horizontal line labeled 'S' intersect at the center. A vertical line labeled 'W' and a horizontal line labeled 'E' also intersect at the center. A small 'X' is marked in the SE quadrant.]

4 DEPTH OF COMPLETED WELL: 55 ft. ELEVATION: 2028.34 1st
 Depth(s) Groundwater Encountered 1. 38.6 ft. 2. 38.6 ft. 3. 38.6 ft.
 WELL'S STATIC WATER LEVEL: 38.6 ft. below land surface measured on mo/day/yr 8/16/94
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 8 in. to 58 ft., and _____ in. to _____ ft.
 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 9 Dewatering 12 Other (Specify below)
 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well MW2
 Was a chemical/bacteriological sample submitted to Department? Yes No _____; If yes, mo/day/yr sample was submitted 8/19/94
 Water Well Disinfected? Yes _____ No

5 TYPE OF BLANK CASING USED:
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass _____ Threaded
 Blank casing diameter: 2 in. to 45 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height ^{below} land surface: 0.71 ft., weight _____ lbs./ft. Wall thickness or gauge No. Sch 40

TYPE OF SCREEN OR PERFORATION MATERIAL:
 1 Steel 3 Stainless steel 5 Fiberglass 7 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 3 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 45 ft. to 55 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 43 ft. to 55 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 43 ft. to 36 ft., From 36 ft. to 1.3 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) VOCs detected in ground water
 13 Insecticide storage

Direction from well? _____ How many feet? _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	0.5	Asphalt & limestone fill			
0.5	14.5	brn sdy to clayey silt, trace 1s pebbles			KDHE MW2
14.5	20	silty clay to clayey silt, 1s pebbles			
20	24	brn sdy silt, f-vc grained, trace 1s pebbles			KS site ID# 00127844
24	45	brn silty clay, slightly sdy, trace 1s pebbles			
45	53	clayey to silty sd			Completed at surface with cap and watertight, lockable manhole cover. Variances granted, see attached.
53	54.5	brn / clay			
54.5	55	lt. brn silty sd, m-c grained			
55	58	dk grey shale, weathered			

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) 8/11/94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. _____ This Water Well Record was completed on (mo/day/yr) 8/30/94 under the business name of KS. Dept. Health & Environment by (signature) Pamela X. Chaffee