

1 LOCATION OF WATER WELL: County: Ellis	Fraction SW 1/4 SW 1/4 NW 1/4	Section Number 7	Township Number T 14 S	Range Number R 17 E/W
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Distance and direction from nearest town or city street address of well if located within city?
1160 280th Ave - Hays, Kansas

2 WATER WELL OWNER: **Terry Pfeifer**
 RR#, St. Address, Box # : **2029 Metro**
 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:

	4 DEPTH OF COMPLETED WELL 40 ft. ELEVATION: _____ ft. Depth(s) Groundwater Encountered 1 15 ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL 26 ft. below land surface measured on mo/day/yr 5/7/04 Pump test data: Well water was 26 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: 1 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 _____
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5 TYPE OF BLANK CASING USED: **2**
 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued **X** Clamped _____
 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____
 7 Fiberglass Threaded _____
 Blank casing diameter **5** in. to **20** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface **24** in., weight **2.91** lbs./ft. Wall thickness or guage No. **.21**
 TYPE OF SCREEN OR PERFORATION MATERIAL: **7**
 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: **8**
 1 Continuous slot 3 Mill slot 5 Guazed 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) _____ ft.
 SCREEN-PERFORATED INTERVALS: From **20** ft. to **40** ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From **40** ft. to **20** 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	10	Topsoil and clay			
10	15	Clay with sand			
15	26	Sand			
26	30	Weathered shale			
30	40	Black 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) **7/19/04** **8/10/04** 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) **8/10/04** 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.