

1 LOCATION OF WATER WELL: County: Ellis	Fraction SE 1/4 NW 1/4 NW 1/4	Section Number 11	Township Number T 14 S	Range Number R 18 E/W
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Distance and direction from nearest town or city street address of well if located within city?
16 Richard Rd; Hays KS

2 WATER WELL OWNER: **Scott Simpson**
 RR#, St. Address, Box # : **270 Best Radiator**
 City, State, ZIP Code : **2715 Plaza Ave Hays KS 67601**
 Board of Agriculture, Division of Water Resources
 Application Number: _____

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

N			
X			
- NW -	-	- NE -	
W			E
- SW -	-	- SE -	
S			

4 DEPTH OF COMPLETED WELL **60** ft. ELEVATION: **upland**

Depth(s) Groundwater Encountered 1 **40** ft. 2 ft. 3 ft.

WELL'S STATIC WATER LEVEL **28** ft. below land surface measured on mo/day/yr **10/11/02**

Pump test data: Well water was **28** 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

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 **40** ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface **24** in., weight **2.29** lbs./ft. Wall thickness or guage No. **.26**

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 **60** ft. to **40** ft., From ft. to ft.
 From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **20** ft. to **60** 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	15	Topsoil			
15	30	Gumbo/Clay			
30	35	Gumbo			
35	40	River Mud			
40	47	Sand			
47	60	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) **10/11/02** 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) **10/21/02** under the business name of **Karst Water Well Drilling & Service, Inc.** by (signature) *Mel Karst*

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.