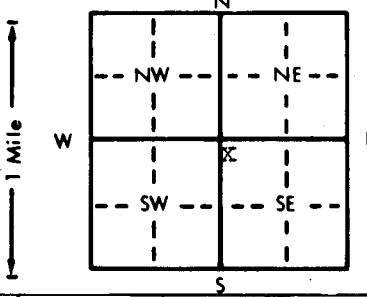


1 LOCATION OF WATER WELL: County: Ellis Fraction: NW 1/4 NW 1/4 SE 1/4 Section Number: 12 Township Number: T 14 S Range Number: R 20 E/W

Distance and direction from nearest town or city street address of well if located within city?
11 West, 1/2 South of Hays, Kansas 67601

2 WATER WELL OWNER: Randy Augustine
 RR#, St. Address, Box #: Route 2, Box 90 Board of Agriculture, Division of Water Resources
 City, State, ZIP Code: Hays, Kansas 67601 Application Number:

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



4 DEPTH OF COMPLETED WELL: 470 ft. ELEVATION: Upland
 Depth(s) Groundwater Encountered 1. 455 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 250 ft. below land surface measured on mo/day/yr 12-16-1983
 Pump test data: Well water was 405 ft. after 1 hours pumping 20 gpm
 Est. Yield 20 gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter 9 in. to 470 ft., and _____ in. to _____ ft.
 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 Lawn and garden only 10 Observation 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 450 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 12 in., weight 3.43 lbs./ft. Wall thickness or gauge No. 327
 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 Gauzed 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) _____
 SCREEN-PERFORATED INTERVALS: From 450 ft. to 470 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 200 ft. to 470 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 4 ft. to 11 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 What is the nearest source of possible contamination: None
 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	LITHOLOGIC LOG
0	4	Topsoil			
4	30	White rock			
30	363	Shale			
363	444	White and gray clay			
444	470	Sandstone			

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) December 16, 1983 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. XXXX 199. This Water Well Record was completed on (mo/day/yr) January 4, 1984 under the business name of Karst Water Well Service by (signature) Phil 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, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
1
H
20
EW
SEC
12
NW 1/4 SE 1/4