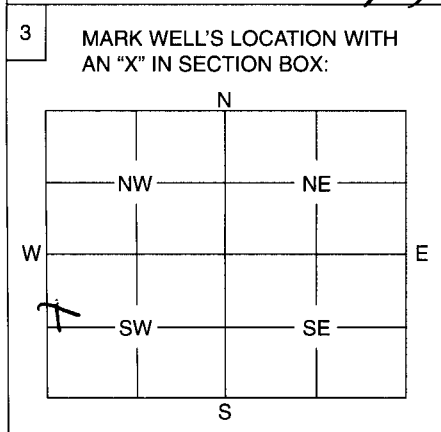


Well # 6

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: <u>ELLIS</u>	<u>SW 1/4 NW 1/4 SW 1/4</u>	<u>28</u>	<u>T 15 S</u>	<u>18</u> E/18

Distance and direction from nearest town or city street address of well if located within city?
Approx 1/2 mile west of 240th + just over 1/4 mile North of Schomden Rd 38° 42' 55.15" N
19° 20' 11.13" W (Approx)

2	WATER WELL OWNER: <u>City of Hays</u>	Board of Agriculture, Division of Water Resources
	RR #, St. Address, Box #: <u>1000 Vine</u>	Application Number:
	City, State, ZIP Code: <u>Hays, KS 67601</u>	



4	DEPTH OF WELL <u>62.1</u> ft.												
	WELL'S STATIC WATER LEVEL <u>19</u> ft.												
	WELL WAS USED AS:												
	<table border="0"> <tr> <td>1 Domestic</td> <td><input checked="" type="checkbox"/> Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table>	1 Domestic	<input checked="" type="checkbox"/> Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other
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3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well											
4 Industrial	8 Air Conditioning	12 Other											
	Was a chemical / bacteriological sample submitted to Department? Yes <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted												
	Water Well Disinfected: <input checked="" type="checkbox"/> Yes No												

5	TYPE OF BLANK CASING USED:
	<input checked="" type="checkbox"/> Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) <input type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile
	Blank casing diameter in. Was casing pulled? <input checked="" type="checkbox"/> Yes No If yes, how much <u>3'</u>
	Casing height above or below land surface in.

6	GROUT PLUG MATERIAL: 1 Neat cement <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other																				
	Grout Plug Intervals: From <u>62.1</u> ft. to <u>23</u> ft., From ft. to ft., From to ft.																				
	What is the nearest source of possible contamination:																				
	<table border="0"> <tr> <td>1 Septic tank</td> <td>6 Seepage pit</td> <td>11 Fuel storage</td> <td><input checked="" type="checkbox"/> Other (specify below)</td> </tr> <tr> <td>2 Sewer lines</td> <td>7 Pit privy</td> <td>12 Fertilizer storage</td> <td><u>None known</u></td> </tr> <tr> <td>3 Watertight sewer lines</td> <td>8 Sewage lagoon</td> <td>13 Insecticide storage</td> <td></td> </tr> <tr> <td>4 Lateral lines</td> <td>9 Feedyard</td> <td>14 Abandoned water well</td> <td></td> </tr> <tr> <td>5 Cess pool</td> <td>10 Livestock pens</td> <td>15 Oil well/Gas well</td> <td></td> </tr> </table>	1 Septic tank	6 Seepage pit	11 Fuel storage	<input checked="" type="checkbox"/> Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>None known</u>	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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	Direction from well? How many feet?																				

FROM	TO	PLUGGING MATERIALS
<u>62.1</u>	<u>23</u>	<u>chlorinated sand</u>
<u>23</u>	<u>3</u>	<u>cement grout</u>
<u>3</u>	<u>0</u>	<u>Native</u>

Note: Pump House Demo by others

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/14/10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u> This Water Well Record was completed on (mo/day/year) under the business name of <u>Layne Christensen Company</u> by (signature) <u>[Signature]</u>
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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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.