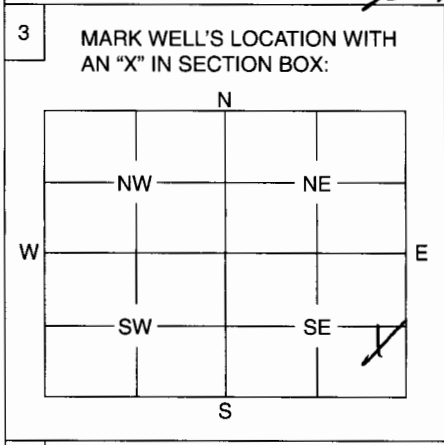


Well 5-7

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	ELLIS	NE 1/4 SE 1/4 SE 1/4	29	T 15 S	R 18 E/W

Distance and direction from nearest town or city street address of well if located within city?   
 3/4 mile North & 1/4 mile west of Schoenchen Rd & 240th   
 38° 29°

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



4 DEPTH OF WELL ..... 54 ..... ft.  
 WELL'S STATIC WATER LEVEL ..... 18 ..... ft.  
 WELL WAS USED AS:  
 1 Domestic                    5 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 .....

Was a chemical / bacteriological sample submitted to Department? Yes ..... No  .....  
 If yes, mo/day/yr sample was submitted .....

Water Well Disinfected: Yes  ..... No .....

5 TYPE OF BLANK CASING USED:  
 Steel    3 RMP (SR)    5 Wrought    7 Fiberglass    9 Other (Specify below)  
 2 PVC    4 ABS    6 Asbestos-Cement    8 Concrete Tile

Blank casing diameter ..... 18 ..... in.    Was casing pulled? Yes  ..... No .....    If yes, how much ..... 3' .....  
 Casing height above or below land surface ..... 36 ..... in.

6 GROUT PLUG MATERIAL:    1 Neat cement    2 Cement grout    3 Bentonite    4 Other .....

Grout Plug Intervals:    From ... 23 ..... ft.    to ... 3 ..... ft.,    From ... — ..... ft.    to ... — ..... ft.,    From ..... to ..... ft.

What is the nearest source of possible contamination:  
 1 Septic tank                    6 Seepage pit                    11 Fuel storage                    16 Other (specify below)  
 2 Sewer lines                    7 Pit privy                    12 Fertilizer storage  
 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

Direction from well? .....    How many feet? .....

None known

FROM	TO	PLUGGING MATERIALS
TD	23	Chlorinated Sand
23	3	Cement Grout
3	0	Native

7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) ..... 5/12/10 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... 102 ..... This Water Well Record was completed on (mo/day/year) ..... under the business name of ..... Kayne Christensen Company ..... 5/12/10 by (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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.