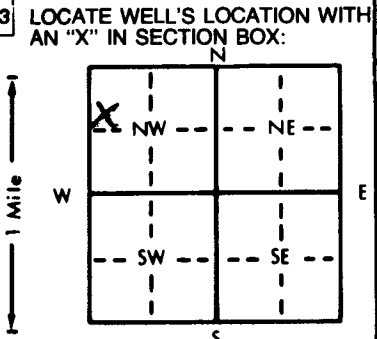


1 LOCATION OF WATER WELL: Fraction SW 1/4 NW 1/4 NW 1/4 Section Number 7 Township Number T 10 S Range Number R 30 **EW**

Distance and direction from nearest town or city street address of well if located within city?
1 mile north & 2 west of Angelus, KS

2 WATER WELL OWNER: John Schiltz Blue Goose Drilling Board of Agriculture, Division of Water Resources
 RR#, St. Address, Box # : Menlo, KS P.O. BOX 1413 Application Number: 920128
 City, State, ZIP Code : Menlo, KS Great Bend, KS 67530



4 DEPTH OF COMPLETED WELL: 170 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL 1.15 ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter... 8 in. to 1.70 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS: 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 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 _____ No X _____

5 TYPE OF BLANK CASING USED: 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 4.5 in. to 1.30 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.
 Casing height above land surface 1.8 in., weight 2.38 lbs./ft. Wall thickness or gauge No. 248
 TYPE OF SCREEN OR PERFORATION MATERIAL: 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: 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 1.30 ft. to 1.70 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: From 2.0 ft. to 1.70 ft., From _____ ft. to _____ ft.
 From _____ ft. to _____ ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____
 Grout intervals: From 0 ft. to 2.0 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? NW How many feet? 50

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	Surface	109	112	Caliche
3	17	Clay	112	123	Med. sand
17	21	Soft caliche	123	128	Caliche & clay streak
21	33	Clay	128	129	Med. sand
33	38	Caliche	129	135	Hard white rock
38	43	Clay	135	145	Caliche & clay streak
43	50	Caliche & clay streaks	145	155	Med. sand (coarse)
50	58	Med. sand with clay streaks	155	156	Caliche
58	62	Cemented sand	156	158	Sand med. (coarse)
62	78	Clay	153	160	Caliche
78	88	Med. sand	160	163	Med. sand
88	89	Caliche	163	165	Ochre
89	103	Med. sand	165	170	Shale
103	104	Caliche			
104	109	Medj. sand			

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) 4-18-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 394 This Water Well Record was completed on (mo/day/yr) 4-19-92 under the business name of WOOFER PUMP & WELL by (signature) Walter Woofler

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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY
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