ID NO. _

1	LOCAT	ON OF WATE	R WELL:	Fraction	· · · · · · · · · · · · · · · · · · ·	Section	Number	Township	Number	Range	Number	
County: Russell			1/4	1/4 SE 1/4	16		W -(15)-	S	13	W		
Distance and direction from nearest town or city street address of well if located within city?												
North of Susank, Ks. on Blacktop (Pioneer Road) 2 WATER WELLOWNER: Schultz Family Partnership L.P.												
2	RR #, St. Address, Box #: 5592 W. Geedes P. Board of Agriculture, Division of Water Resources											
	City, State, ZIP Code : Littleton, Colo 80148 Application Number.											
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL												
	AN A	N	<i>5</i> 0λ.	WELL	'S STATIC WATER	TIC WATER LEVEL ft.						
					WELL WAS USED AS:							
	N	w —	- N E		Domestic		lic Water Supp	•	9 Dewat	-		
w					Irrigation Feedlot	7 Don	Field Water Su nestic (Lawn &	Garden)	11 Injection	oring Well on Well	,	
**			E		Industrial		Conditioning			***************************************		
	S WS E Was a chemical / bacteriological sample submitted to Department?Yes											
Water Well Disinfected: YesX. No 1PT. 5.25% Lie									Liquid	,		
L	Water Well Disinfected: Yes											
5	5 TYPE OF BLANK CASING USED:											
	1 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											
L	Casing height above or pelow land surface73 in.											
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Sentonite 4 Other											
	Grout Plug Intervals: From											
1 Septic tank			6 Seep	age pit	11 F	11 Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines			7 Pit p 8 Sewa	rivy age lagoon		12 Fertilizer storage						
4 Lateral lines 5 Cess Pool			9 Feed 10 Lives	lyard stock pens		bandoned wate il well/Gas wel						
Direction from well?												
FROM TO PLUGGING MATERIALS												
H	D 2ft Top So			(584)								
		Subs		(4 4+)								
6st 7st Betor		. 1	(1++1)									
	7 5+	1854	FILL D		(11 5+)						
1881		361+	SANT	>	(18 5+)						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)												
Г	Water Well Contractor's License No. NO. NO. NO. NO. NO. NO. NO. This Water Well Record was completed on (mo/day/year)											
	by (signature) Y with the business name of the busi											

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.