ID NO. ____

1 LOCA	TION OF WAT	ER WELL:	Fraction	Section	Number	Township Number	Range Number	
County:	Russe	لد	1/4 1/4 SE	= 1/4 16		13 (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 (Proniecka)								
WATER WELLOWNER: Schultz Family Partnership L.P. BB # St Address Box #: 5592 W. Goods Pl Board of Agriculture. Division of Water Resources								
City, State, ZIP Code: Littleton, Colo. 80128 Application Number:								
	WELL'S LOCA ' IN SECTION		4 DEPTH OF WELL			and due		
WELL'S STATIC WATER LEVEL ft.								
			WELL WAS USED	DAS:				
N	w —	— N E ——	1)Domestic		lic Water Supp	-	•	
w			2 Irrigation 3 Feedlot	7 Don	Field Water Sup nestic (Lawn &	Garden) 11 Injection	oring Well on Well	
"		E	4 Industria		Conditioning			
s	Was a chemical / bacteriological sample submitted to Department?Yes							
		9		and Van V	No	416 001-5.25	% Liquis Chloru	
Water Well Disinfected: Yes X No 4'2 gal - 5.25% Liquip Chloring Nearest Working well beyond 100 ft away.								
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 Rock								
Blank casing diameterin. Was casing pulled? YesX No								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3)Bentonite 4 Other								
Grout Plug Intervals: From								
What is the nearest source of possible contamination: None = over &mile								
1 Septic tank 2 Sewer lines			6 Seepage pit	11 F	uel storage	16 Other (sp	•	
3 Watertight sewer lines			7 Pit privy8 Sewage lagoon		ertilizer storage secticide stora		••••••	
4 Lateral lines 5 Cess Pool			9 Feedyard10 Livestock pens		bandoned wate il well/Gas well			
Direction from well?								
FROM	25+	Top Soil	GGING MATERIALS	To	p 16 Both	ð m		
<u> </u>	401	Sub soi		(+ cd) K				
254 6#54	7 604	Balon'it	<u>_</u>	4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
J CT	1854	fill Dir	1 ()	141				
1854		6" I		8 t+)				
7401	36 ft	sana		8 + 17				
		. ,						
on (mo	/day/year)	3/24/0	D	N: This water we and this	oll was plugge s record is true	d under my jurisdiction to the best of my knowled	and was completed dge and belief. Kansas	
Water Well Contractor's License No. No. M. This Water Well Record was completed on (mo/day/year)								
by (signature) \ Willia E. Schub General Partner OWNER								
	<u> </u>	James E	- Cours	GENEIO	, , <u>, , , , , , , , , , , , , , , , , </u>	. (1) 1 - 1 - 1 - 1 - 1 - 1 - 1	- WINE	

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.