

1 LOCATION OF WATER WELL:
County: Ellsworth
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here ☐
1 West of Holyrood

Fraction
¼ SW ¼ NE ¼ SW ¼

Section Number
9

Township No.
T 17 S

Range Number
R 10 ☐E ☒W

2 WATER WELL OWNER: Kenneth Schepmann
RR#, Street Address, Box #: 325 Avenue U
City, State, ZIP Code : Holvrod, KS 67450

Global Positioning System (GPS) information:
Latitude: (in decimal degrees)
Longitude: (in decimal degrees)
Elevation:
Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
Collection Method:
☐ GPS unit (Make/Model:)
☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m

3 LOCATE WELL WITH AN "X" IN SECTION BOX:
N

W

--NW--

--NE--

--SW--

--SE--

E

S

|-----1 mile-----|

4 DEPTH OF COMPLETED WELL 200 ft.
Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
WELL'S STATIC WATER LEVEL 84 ft. below land surface measured on mo/day/yr. 6-10-13.....
Pump test data: Well water was..... ft. after..... hours pumping..... gpm
EST. YIELD. N/A..... gpm. Well water was..... ft. after..... hours pumping..... gpm
Bore Hole Diameter 10..... in. to 200..... ft., and..... in. to..... ft.
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well
☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dewatering ☒ Other (Specify below) Stock
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well
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 CASING USED: ☐ Steel ☒ PVC ☐ Other.....
CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter .5..... in. to 200..... ft., Diameter..... in. to..... ft., Diameter..... in. to..... ft.
Casing height above land surface. 18..... in., Weight SDR-21..... lbs./ft., Wall thickness or gauge No.
TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ Steel ☐ Stainless Steel ☒ PVC ☐ Other (Specify)
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole)
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☒ Saw cut ☐ Other (specify)
SCREEN-PERFORATED INTERVALS: From 200..... ft. to 180..... ft., From..... ft. to..... ft.
From 135..... ft. to 115..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From 200..... ft. to 20..... ft., From..... ft. to..... ft.
From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other.....
Grout Intervals: From..... ft. to..... ft., From 20..... ft. to 0..... ft., From..... ft. to..... ft.
What is the nearest source of possible contamination:
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☒ Other (specify below) Building
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well
Direction from well North Distance from well 20ft.

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	3	Top soil			
3	24	Shale & streaks of limestone			
24	68	Black shale w/ brittle streaks			
38	101	Light gray shale/ streaks of very hard cemented sand			
101	113	Fire clay			
113	135	Sandstone & yellow shale			
135	178	Fire clay			
178	200	Sandstone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 6-25-13..... and this record is true to the best of my knowledge and belief.
Kansas Water Well Contractor's License No. 134..... This Water Well Record was completed on (mo/day/year) 7-22-13.....
under the business name of Rosencrantz- Bemis Ent. Inc. by (signature) *[Signature]*
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. I include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.
SA 82a-1212

Check: ☒ White Copy, ☐ Blue Copy, ☐ Pink Copy