

1 LOCATION OF WATER WELL: County: Ellsworth	Fraction NW 1/4 NW 1/4 NW 1/4	Section Number 29	Township Number 17	Range Number 9																											
Distance and direction from nearest town or city street address of well if located within city? N/A																															
2 WATER WELL OWNER: Josephine Schroeder RR#, St. Address, Box #: 806 Avenue W City, State, ZIP Code : Lorraine, KS 67459 Board of Agriculture, Division of Water Resources Application Number:																															
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N <table border="1" style="width:100%; height: 150px; border-collapse: collapse; margin: 10px 0;"><tr><td style="width:25%; text-align: center;">X</td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td></tr><tr><td style="text-align: center;">N W</td><td style="text-align: center;">N E</td><td></td><td></td></tr><tr><td style="text-align: center;">S W</td><td style="text-align: center;">S E</td><td></td><td></td></tr></table> S		X				N W	N E			S W	S E			4 DEPTH OF WELL..... 74ft. WELL'S STATIC WATER LEVEL..... 20ft. WELL WAS USED AS: <table style="width:100%;"><tr><td style="width:33%;">☒ 1 Domestic</td><td style="width:33%;">5 Public Water Supply</td><td style="width:33%;">9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Lawn and Garden Only</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other.....</td></tr></table> Was a chemical/bacteriological sample submitted to Department? Yes....No. ☒ ... If yes, mo/day/yr sample was submitted..... Water Well Disinfected: Yes. ☒ ... No.....			☒ 1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Lawn and Garden Only	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other.....			
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5 TYPE OF BLANK CASING USED: <table style="width:100%;"><tr><td>1 Steel</td><td>3 RMP (SR)</td><td>5 Wrought</td><td>7 Fiberglass</td><td>9 Other (specify below)</td></tr><tr><td>☒ 2 PVC</td><td>4 ABS</td><td>6 Asbestos-Cement</td><td>8 Concrete Tile</td><td></td></tr></table> Blank casing diameter..... 5in. Was casing pulled? Yes..... No. ☒ ... If yes, how much..... Casing height above or below land surface..... 72in. below					1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (specify below)	☒ 2 PVC	4 ABS	6 Asbestos-Cement	8 Concrete Tile																		
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6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ☒ 3 Bentonite 4 Other..... Grout Plug Intervals: From 20ft. to 15ft., From 10ft. to 6ft., From..... to.....ft. What is the nearest source of possible contamination: <table style="width:100%;"><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>☒ 14 Abandoned water well</td><td></td></tr><tr><td>5 Cess Pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table> Direction from well? East How many feet? 30					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								
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year).... 4-17-2000 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) 5-3-2000 under the business name of Ellsworth County NPS Coordinator by (signature) <i>Brad Kratoch</i>																															
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print clearly.</u> 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.																															