

Plugging Report

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Barton	SW ¼ SW ¼ SW ¼	22	T 18 S	R 15 E/W	
Distance and direction from nearest town or city street address of well if located within city? ¾ south, 1 ¾ west of Olmitz, Ks.					
2 WATER WELL OWNER:		Vernon Skolaut RR#, St. Address, Box # : City, State, ZIP Code : Olmitz, Ks.			
		Board of Agriculture, Division of Water Resources Application Number:			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL.....45..... ft. ELEVATION:				
A 2x2 grid representing a section box. The quadrants are labeled NW, NE, SW, SE. An 'X' is marked in the SW quadrant.	Depth(s) Groundwater Encountered 1.....ft. 2.....ft. 3.....ft. WELL'S STATIC WATER LEVEL 25.....ft. below land surface measured on mo/day/yrft. Pump test data: Well water wasft. after hours pumping gpm Est. Yield gpm: Well water wasft. after hours pumping gpm Bore Hole Diameter.....in. toft., and.....in. toft. 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.....; If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes hth No				
	5 TYPE OF BLANK CASING USED:				
	Blank casing diameter6.....in. toft., Diain. toft., Diain. toft. Casing height above land surface.....36.....in., weightlbs./ft. Wall thickness or gauge No.				
	TYPE OF SCREEN OR PERFORATION MATERIAL:				
	SCREEN OR PERFORATION OPENINGS ARE:				
SCREEN-PERFORATED INTERVALS:					
GRAVEL PACK INTERVALS:					
6 GROUT MATERIAL:					
Grout Intervals: From 25.....ft. to 3.....ft., Fromft. toft., Fromft. toft.					
What is the nearest source of possible contamination:					
Direction from well?					
How many feet?					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
45	25	Sand and gravel			
25	3	hole plug			
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) 1-29-92 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/yr) 1-31-92 under the business name of Rosencrantz-Bemis by (signature) Fredia Hedson					

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.