

1 LOCATION OF WATER WELL: County: <u>Stafford</u>		Fraction <u>C W 1/2 1/4 SW 1/4 NW 1/4</u>		Section Number <u>7</u>	Township Number <u>T 21 S</u>	Range Number <u>R 11W E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>1 E, 7 1/2 S of Ellinwood, Kansas</u>							
2 WATER WELL OWNER: <u>Ed Schlochtermeyer Sterling Drilling</u>				Schlochtermeyer 1			
RR#, St. Address, Box # : <u>Ellinwood, Ks. Box 129</u>				Board of Agriculture, Division of Water Resources			
City, State, ZIP Code : <u>67526 Sterling, Kansas 67579</u>				Application Number: <u>910171</u>			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL... <u>92</u> ft. ELEVATION: <u>Unknown</u>					
		Depth(s) Groundwater Encountered 1. <u>40</u> ft. 2. .... ft. 3. .... ft.					
		WELL'S STATIC WATER LEVEL ..... <u>40</u> ft. below land surface measured on mo/day/yr ..... <u>4/26/91</u>					
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm					
		Est. Yield . <u>60</u> gpm: Well water was ..... ft. after ..... hours pumping ..... gpm					
		Bore Hole Diameter... <u>8</u> in. to <u>92</u> ft., and ..... in. to ..... ft.					
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
		1 Domestic 3 Feedlot 6 <u>Oil field water supply</u> 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 No					
5 TYPE OF BLANK CASING USED:							
1 Steel		3 RMP (SR)		5 Wrought iron		8 Concrete tile	
2 <u>PVC</u>		4 ABS		6 Asbestos-Cement		9 Other (specify below)	
				7 Fiberglass		CASING JOINTS: <u>Glued</u> Clamped	
						Welded	
						Threaded	
Blank casing diameter ..... <u>5</u> in. to <u>72</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.							
Casing height above land surface ..... <u>12</u> in., weight ..... <u>2.8</u> lbs./ft. Wall thickness or gauge No. .... <u>Sch. 40</u>							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel		3 Stainless steel		5 Fiberglass		7 <u>PVC</u>	
2 Brass		4 Galvanized steel		6 Concrete tile		8 RMP (SR)	
						9 ABS	
						10 Asbestos-cement	
						11 Other (specify)	
						12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot		3 Mill slot		5 Gauzed wrapped		8 <u>Saw cut</u>	
2 Louvered shutter		4 Key punched		6 Wire wrapped		9 Drilled holes	
				7 Torch cut		10 Other (specify)	
						11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From ..... <u>72</u> ft. to <u>92</u> ft., From ..... ft. to ..... ft.							
GRAVEL PACK INTERVALS: From ..... <u>20</u> ft. to <u>92</u> ft., From ..... ft. to ..... ft.							
6 GROUT MATERIAL: 1 <u>Neat cement</u> 2 Cement grout 3 Bentonite 4 Other							
Grout Intervals: From ..... <u>0</u> ft. to <u>20</u> ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.							
What is the nearest source of possible contamination:							
1 Septic tank		4 Lateral lines		7 Pit privy		10 Livestock pens	
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage	
						13 Insecticide storage	
						14 Abandoned water well	
						15 <u>Oil well/Gas well</u>	
						16 Other (specify below)	
Direction from well? <u>South</u> How many feet? <u>60</u>							
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
0	50	Sandy Clay					
50	92	Sand and gravel					

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) 4/26/91 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/yr) 6/11/91 or the business name of Kelly's Water Well Service by (signature) Darryl Sand

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R EW SEC 1/4 1/4 1/4