

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>McPherson</u>		Near <u>1/4 Center 1/4 SW 1/4</u>	<u>17</u>	T <u>21</u> S	R <u>3</u> <u>W</u>
Distance and direction from nearest town or city street address of well if located within city? <u>5 miles East &amp; 1 Mile South of Inman</u>					
2 WATER WELL OWNER: <u>Elmer Schmidt</u>					
RR#, St. Address, Box # : <u>108 Brome Grass</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Inman, KS 67546</u>			Application Number: <u>Redrill 16,242</u>		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>200</u> ft. ELEVATION: .....			
		Depth(s) Groundwater Encountered 1. .... <u>35</u> ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL .... <u>35</u> ft. below land surface measured on mo/day/yr <u>12-31-93</u>			
		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm			
		Est. Yield <u>1000-1400</u> gpm. Well water was ..... ft. after ..... hours pumping ..... gpm			
		Bore Hole Diameter: ... <u>30</u> in. to ... <u>203</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 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... <u>X</u> ....; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <u>X</u> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
				8 Concrete tile	
				9 Other (specify below)	
				CASING JOINTS: Glued <u>X</u> Clamped .....	
				Welded .....	
				Threaded .....	
Blank casing diameter .... <u>16</u> in. to ... <u>160</u> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface: ..... <u>12</u> in., weight ..... <u>16.15</u> lbs./ft. Wall thickness or gauge No. ... <u>500</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 PVC	
				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	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				8 Saw cut	
				9 Drilled holes	
				10 Other (specify) .....	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From ... <u>160</u> ft. to ... <u>200</u> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ... <u>20</u> ft. to ... <u>200</u> ft., From ..... ft. to ..... ft.					
From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 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: <u>None within 1/2 mile</u>					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? .....					
How many feet? .....					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	4	Top Soil			
4	39	Clay-Tan			
39	63	Fine to Medium Sand			
63	67	Green Clay			
67	85	Fine to Medium Sand-Gray			
85	86	Gray Clay			
86	112	Medium to Course Sand-Tan			
112	128	Green Clay			
128	155	Tan Clay			
155	164	Medium Sand			
164	166	Tan Clay			
166	172	Medium to Course Sand			
172	175	Tan Clay			
175	201	Medium to Course Sand & Gravel			
201	203	Green Shale			
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) ..... <u>12-31-93</u> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. .... <u>138</u> .... This Water Well Record was completed on (mo/day/yr) ..... <u>1-11-94</u> ..... under the business name of <u>Peterson Irrigation Inc.</u> by (signature) <u>Mike Peterson</u>					
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.					