

1 LOCATION OF WATER WELL: Fraction NW 1/4 NE 1/4 NE 1/4 Section Number 30 Township Number T 23 S Range Number R 1 EW
 County: Harvey
 Distance and direction from nearest town or city street address of well if located within city? see below

2 WATER WELL OWNER: Keith Schirer
 RR#, St. Address, Box #: 6817 W. Hwy 50
 City, State, ZIP Code: Hastad, KS 67056
 Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:

N			
	NW	NE	
W			E
	SW	SE	
S			

4 DEPTH OF COMPLETED WELL: 81 ft. ELEVATION: _____
 Depth(s) Groundwater Encountered: 26 ft. 2. _____ ft. 3. _____ ft.
 WELL'S STATIC WATER LEVEL: _____ ft. below land surface measured on mo/day/yr _____
 Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
 Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
 Bore Hole Diameter: 11 in. to 81 ft., and _____ in. to _____ ft.
 WELL WATER TO BE USED AS:
☒ 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 X If yes, mo/day/yr sample was submitted _____
 Water Well Disinfected? Yes X No _____

5 TYPE OF BLANK CASING USED:
☒ 1 Steel ☐ 3 RMP (SR) ☐ 5 Wrought iron ☐ 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____
☒ 2 PVC ☐ 4 ABS ☐ 6 Asbestos-Cement ☐ 9 Other (specify below) Welded _____
☐ 7 Fiberglass Threaded _____
 Blank casing diameter: _____ in. to _____ ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.
 Casing height above land surface: _____ in., weight _____ lbs./ft. Wall thickness or gauge No. 160 psi
 TYPE OF SCREEN OR PERFORATION MATERIAL:
☐ 1 Steel ☐ 3 Stainless steel ☐ 5 Fiberglass ☒ 7 PVC ☐ 10 Asbestos-cement
☐ 2 Brass ☐ 4 Galvanized steel ☐ 6 Concrete tile ☐ 9 ABS ☐ 12 None used (open hole)
 SCREEN OR PERFORATION OPENINGS ARE:
☐ 1 Continuous slot ☒ 3 Mill slot ☐ 5 Gauzed wrapped ☐ 8 Saw cut ☐ 11 None (open hole)
☐ 2 Louvered shutter ☐ 4 Key punched ☐ 6 Wire wrapped ☐ 9 Drilled holes
☐ 7 Torch cut ☐ 10 Other (specify) _____
 SCREEN-PERFORATED INTERVALS: From _____ ft. to _____ ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
 GRAVEL PACK INTERVALS: 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 3 ft. to 26 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 ☐ 14 Abandoned water well
☐ 2 Sewer lines ☐ 5 Cess pool ☐ 8 Sewage lagoon ☐ 11 Fuel storage ☐ 15 Oil well/Gas well
☐ 3 Watertight sewer lines ☐ 6 Seepage pit ☐ 9 Feedyard ☐ 12 Fertilizer storage ☐ 16 Other (specify below)
☐ 13 Insecticide storage
 Direction from well? east How many feet? 60

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	top soil			
3	34	clay			
34	38	fine sand			
38	62	clay			
62	81	fine to med. sand			

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) _____ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 9-800 This Water Well Record was completed on (mo/day/yr) 9-17-99 under the business name of Weninger Drilling Inc. by (signature) Michelle Georges

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.