

1 LOCATION OF WATER WELL:	Fraction SW 1/4 NE 1/4 NE 1/4	Section Number 17	Township Number 25	Range Number 37W																								
County: KEARNEY																												
Distance and direction from nearest town or city street address of well if located within city? 7 miles WEST of LAKIN																												
2 WATER WELL OWNER: CARL Schmitt																												
RR#, St. Address, Box #: P.O. Box 173																												
City, State, ZIP Code : LAKIN, KS. 67860																												
Board of Agriculture, Division of Water Resources Application Number:																												
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N		4 DEPTH OF WELL..... 41ft.																										
<table border="1" style="width:100%; text-align: center;"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>W</td><td></td><td>N</td><td>E</td></tr> <tr><td>W</td><td></td><td>X</td><td></td><td>E</td></tr> <tr><td></td><td>S</td><td>W</td><td></td><td>S</td><td>E</td></tr> </table>						N	W		N	E	W		X		E		S	W		S	E	WELL'S STATIC WATER LEVEL..... 35ft.						
		N	W		N	E																						
		W		X		E																						
	S	W		S	E																							
WELL WAS USED AS:																												
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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:																												
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Blank casing diameter..... 16in. Was casing pulled? Yes..... No If yes, how much.....																												
Casing height above or below land surface..... 6in.																												
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other.....																												
Grout Plug Intervals: From..... 7ft. to..... 4ft., From.....ft. to.....ft., From..... to.....ft.																												
What is the nearest source of possible contamination:																												
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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)..... 12-16-96 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)..... 12-17-96 under the business name of																												
by (signature) Carl Schmitt																												

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.