

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Kearny	NW ¼ SE ¼ NE ¼	17	T 25 S	R 37 E/W

Distance and direction from nearest town or city street address of well if located within city? **From northwest corner of Lakin - 6 Miles west, 4 Miles south, 1 Mile west, 1330 ft. south and 810 ft. west.**

2 WATER WELL OWNER: **Carl Schmitt**
 RR#, St. Address, Box #: **P. O. Box 173**
 City, State, ZIP Code: **Lakin, Kansas 67860**
 Board of Agriculture, Division of Water Resources
 Application Number: **10,386**

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 45 ft. ELEVATION:	
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.	
	WELL'S STATIC WATER LEVEL 5 ft. below land surface measured on mo/day/yr 7-27-91	
	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: 28 in. to 45 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)	
	<input checked="" type="radio"/> Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well	
	Was a chemical/bacteriological sample submitted to Department? Yes.....No XX ; If yes, mo/day/yr sample was submitted	
	Water Well Disinfected? Yes No XX	

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued XX Clamped
<input checked="" type="radio"/> PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded
		7 Fiberglass		Threaded

Blank casing diameter **16** in. to **10** ft., Dia **16** in. to **45** ft., Dia in. to ft.
 Casing height above land surface **12** in., weight **16.15** lbs./ft. Wall thickness or gauge No. **.500**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole)	

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	<input checked="" type="radio"/> 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 **10** ft. to **42** ft., From ft. to ft.

GRAVEL PACK INTERVALS: From **7** ft. to **45** ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement Cement grout 3 Bentonite 4 Other

Grout Intervals: From **0** ft. to **7** 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	<input checked="" type="radio"/> 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? **Northwest** How many feet? **30 North and 80 West**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
		See attached log			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **7-27-91** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **208** This Water Well Record was completed on (mo/day/yr) **8-14-91** under the business name of **Minter-Wilson Drilling Co., Inc.** by (signature) *Nora Keller*

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.

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