

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>		<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>9</u>	T <u>26</u> S	R <u>30</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>From Charleston, 4 miles south on Charleston Rd., then 3 miles west.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>Kent Schmidt</u>		Application Number:			
City, State, ZIP Code : <u>Ingalis, KS. 67853</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>290</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.			
		WELL'S STATIC WATER LEVEL <u>152</u> ft. below land surface measured on mo/day/yr <u>8-22-97</u>			
		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 <u>97/8</u> in. to <u>290</u> ft. and in. to ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> If yes, mo/day/yr sample was sub-			
		mitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped					
<input checked="" type="checkbox"/> PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded					
7 Fiberglass Threaded					
Blank casing diameter <u>5"</u> in. to <u>250</u> ft. Dia. in. to ft. Dia. in. to ft.					
Casing height above land surface <u>12</u> in. weight lbs./ft. Wall thickness or gauge No. <u>SDR 21</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 10 Asbestos-cement					
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify)					
12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped <input checked="" type="checkbox"/> 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 <u>250</u> ft. to <u>290</u> ft. From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>290</u> ft. From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other					
Grout Intervals: From <u>4</u> ft. to <u>24</u> 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					
<input checked="" type="checkbox"/> Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)					
13 Insecticide storage					
Direction from well? <u>North</u> How many feet? <u>215'</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>1</u>	<u>Topsoil</u>			
<u>1</u>	<u>45</u>	<u>Fine sand</u>			
<u>45</u>	<u>63</u>	<u>Brown clay</u>			
<u>63</u>	<u>78</u>	<u>Brown sandy clay</u>			
<u>78</u>	<u>100</u>	<u>Med. sand</u>			
<u>100</u>	<u>105</u>	<u>Fine sand</u>			
<u>105</u>	<u>184</u>	<u>Med. sand</u>			
<u>184</u>	<u>200</u>	<u>Course sand</u>			
<u>200</u>	<u>230</u>	<u>Brown sandy clay</u>			
<u>230</u>	<u>260</u>	<u>Med. sand</u>			
<u>260</u>	<u>270</u>	<u>Brown sandy clay</u>			
<u>270</u>	<u>280</u>	<u>Med. sand & brown sandy clay layers</u>			
<u>280</u>	<u>290</u>	<u>Med. sand</u>			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8-22-97</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>8-24-97</u> under the business name of <u>Santern Water Well Repair</u> by (signature) <u>[Signature]</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.					