

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Sumner	SW ¼ SW ¼ NW ¼	30	T 33 S	R 4 E/W	
City and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Phillip Gerald Schmidt RR#, St. Address, Box #: Route 2 Box 18 City, State, ZIP Code: Freeport, Kansas 67049 Board of Agriculture, Division of Water Resources Application Number:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: 15 ft. ELEVATION: _____ ft.				
	Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.				
	WELL'S STATIC WATER LEVEL 7 ft. below land surface measured on mo/day/yr 7/29/96				
	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 _____ in. to _____ 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 _____. If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes ☒ 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) Rock	Welded _____ 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. _____					
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	8 RMP (SR)	11 Other (specify) _____
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	
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 _____ ft. to _____ 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) _____
Direction from well? _____				How many feet? _____	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
15'	7 1/2'	sand	6.4 cu. yds.		
8'	5'	clay	2.4 cu. yds.		
5'	4'	bentonite	22 bags		
4'	0'	clay	5 cu. yds.		
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. _____ This Water Well Record was completed on (mo/day/yr) 7/28/99 under the business name of _____ by (signature) Phillip Gerald Schmidt					
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.					