

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <b>SMITH</b> <b>NE</b>		<b>S/W 1/4 OF N/W 1/4</b>	<b>22</b>	<b>T 3 S</b>	<b>R 13</b> <b>X(W)</b>
Distance and direction from nearest town or city street address of well if located within city? <i>Catholic Protection Well</i>					
2 WATER WELL OWNER:					
RR#, St. Address, Box #: <b>KPL GAS Comp</b>					
City, State, ZIP Code: _____					
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: <b>300 ft</b> ft. ELEVATION: _____			
		Depth(s) Groundwater Encountered 1. <b>NONE</b> ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <b>NONE</b> ft. below land surface measured on mo/day/yr			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield <b>N/A</b> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <b>10</b> in. to <b>300</b> ft., and _____ in. to _____ ft.			
WELL WATER TO BE USED AS:					
1 Domestic      3 Feedlot      6 Oil field water supply      9 Dewatering      12 <u>Other</u> (Specify below) <b>CORROSION PREVENTION</b> 2 Irrigation      4 Industrial      7 Lawn and garden only      10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <b>X</b> ; If yes, mo/day/yr sample was submitted _____					
Water Well Disinfected? Yes _____ No <b>X</b>					
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: <u>Glued</u> <b>5</b> Clamped _____ 2 <u>PVC</u> 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 <b>N/A</b> in., weight _____ lbs./ft. Wall thickness or gauge No. _____					
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      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 <b>N/A</b> ft. to _____ ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <b>N/A</b> ft. to _____ ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL:					
1 Neat cement      2 Cement grout <u>3 Bentonite</u> <u>4 Other</u> <b>Coke Breeze</b> Grout Intervals: From <b>3</b> ft. to <b>100</b> ft., From _____ ft. to _____ ft., From <b>100</b> ft. to <b>300</b> ft.					
What is the nearest source of possible contamination:					
1 <u>Septic tank</u> 4 Lateral lines      7 Pit privy      10 Livestock pens      14 Abandoned water well 2 <u>Sewer lines</u> 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? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Top soil	120'	Surface	
5	60	clay			
60	62	rock			
62	70	shell			
70	300	clay & shell mixed few thin strips of rock			
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) <b>12-1-90</b> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <b>N/A</b> This Water Well Record was completed on (mo/day/yr) <b>12-1-90</b>					
under the business name of <b>SCHMOLDT ENG CO</b> by (signature) <i>Kenny Lanning</i>					
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.					