

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>	<u>NE 1/4 NE 1/4 NW 1/4</u>	<u>30</u>	<u>T 26 S</u>	<u>R 29 E</u>

Distance and direction from nearest town or city street address of well if located within city?

From west edge of Montezuma 3 1/2 miles north, 4 miles west, 2 1/2 miles north, and 1 west.

2 WATER WELL OWNER:	RR#, St. Address, Box #	City, State, ZIP Code	Board of Agriculture, Division of Water Resources
<u>Kenneth G. Inest</u>	<u>408 N. 1st</u>	<u>Garden City, KS 67846</u>	Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF COMPLETED WELL: <u>260'</u> ft. ELEVATION:
	Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft. WELL'S STATIC WATER LEVEL <u>126'</u> ft. below land surface measured on mo/day/yr 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>9 7/8"</u> in. to ft., and in. to ft. WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 RMP (SR)	<input type="checkbox"/> 6 Asbestos-Cement	<input type="checkbox"/> 9 Other (specify below)
<input checked="" type="checkbox"/> 2 PVC	<input type="checkbox"/> 4 ABS	<input type="checkbox"/> 7 Fiberglass	<input type="checkbox"/> 10 Asbestos-cement
Blank casing diameter <u>5"</u> in. to <u>240'</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:	<input checked="" type="checkbox"/> 7 PVC	<input type="checkbox"/> 10 Asbestos-cement	
<input type="checkbox"/> 1 Steel	<input type="checkbox"/> 3 Stainless steel	<input type="checkbox"/> 5 Fiberglass	<input type="checkbox"/> 8 RMP (SR)
<input type="checkbox"/> 2 Brass	<input type="checkbox"/> 4 Galvanized steel	<input type="checkbox"/> 6 Concrete tile	<input type="checkbox"/> 9 ABS
SCREEN OR PERFORATION OPENINGS ARE:	<input type="checkbox"/> 5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	<input type="checkbox"/> 11 None (open hole)
<input type="checkbox"/> 1 Continuous slot	<input type="checkbox"/> 3 Mill slot	<input type="checkbox"/> 6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes
<input type="checkbox"/> 2 Louvered shutter	<input type="checkbox"/> 4 Key punched	<input type="checkbox"/> 7 Torch cut	<input type="checkbox"/> 10 Other (specify)
SCREEN-PERFORATED INTERVALS: From <u>240'</u> ft. to <u>260'</u> ft., From ft. to ft.			
GRAVEL PACK INTERVALS: From <u>23'</u> ft. to <u>260'</u> ft., From ft. to ft.			

6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 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:	<input type="checkbox"/> 1 Septic tank	<input type="checkbox"/> 4 Lateral lines	<input checked="" type="checkbox"/> 7 Pit privy	<input type="checkbox"/> 10 Livestock pens
<input type="checkbox"/> 2 Sewer lines	<input type="checkbox"/> 5 Cess pool	<input type="checkbox"/> 8 Sewage lagoon	<input type="checkbox"/> 11 Fuel storage	<input type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 3 Watertight sewer lines	<input type="checkbox"/> 6 Seepage pit	<input type="checkbox"/> 9 Feedyard	<input type="checkbox"/> 12 Fertilizer storage	<input type="checkbox"/> 15 Oil well/Gas well
Direction from well? <u>Northeast</u>			<input type="checkbox"/> 13 Insecticide storage	<input type="checkbox"/> 16 Other (specify below)
			How many feet? <u>45'</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Sandy Topsoil			
5	18	Fine sand			
18	54	Fine sand + white clay layers			
54	93	Med. sand + white clay layers			
93	150	Med. sand + yellow clay layer			
150	240	Med. sand + brown clay layers			
240	260	Med. sand			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>4-23-93</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>6-9-93</u> under the business name of <u>Santzen 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.