

1 LOCATION OF WATER WELL		Fraction NE 1/4 NE 1/4 SE 1/4			Section Number 9	Township Number T 27 S	Range Number R 29 E/W	
County: Gray								
Distance and direction from nearest town or city? 8 1/2 miles north 2 west of Montezuma, Ks.				Street address of well if located within city?				
2 WATER WELL OWNER: Andee L. Fry					Board of Agriculture, Division of Water Resources Application Number:			
RR#, St. Address, Box # : Box 216								
City, State, ZIP Code : Montezuma, Kansas 67867								
3 DEPTH OF COMPLETED WELL..... ft. Bore Hole Diameter..... in. to..... ft., and..... in. to..... ft.								
Well Water to be used as: 1 Domestic 3 Feedlot 2 Irrigation 4 Industrial		5 Public water supply 6 Oil field water supply 7 Lawn and garden only			8 Air conditioning 9 Dewatering 10 Observation well			
Well's static water level 90 ft. below land surface measured on					Sept. month 30 day 1990 year			
Pump Test Data : Est. Yield gpm		Well water was..... ft. after..... hours pumping.			Well water was..... ft. after..... hours pumping.			
					gpm			
4 TYPE OF BLANK CASING USED:		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass			8 Concrete tile 9 Other (specify below)			
1 Steel 3 RMP (SR) 2 PVC 4 ABS					Casing Joints: Glued..... Clamped..... Welded..... Threaded.....			
Blank casing dia..... in. to..... ft., Dia..... in. to..... ft., Dia..... in. to..... ft.								
Casing height above land surface..... 4' below in., weight..... lbs./ft. Wall thickness or gauge No.....								
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass 6 Concrete tile			7 PVC 10 Asbestos-cement			
1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel		8 RMP (SR) 9 ABS			11 Other (specify)..... 12 None used (open hole).....			
Screen or Perforation Openings Are: 1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched		5 Gauzed wrapped 6 Wire wrapped 7 Torch cut			8 Saw cut 9 Drilled holes 10 Other (specify).....			
Screen-Perforation Dia..... in. to..... ft., Dia..... in. to..... ft., Dia..... in. to..... ft.								
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.								
5 GROUT MATERIAL: 1 Neat cement		2 Cement grout			3 Bentonite 4 Other .....			
Grouted Intervals: From..... 4 ft. to..... 14 ft., From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.								
What is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 2 Sewer lines 5 Seepage pit 3 Lateral lines 6 Pit privy		7 Sewage lagoon 8 Feed yard 9 Livestock pens			10 Fuel storage 11 Fertilizer storage 12 Insecticide storage 13 Watertight sewer lines			
Direction from well..... How many feet.....					? Water Well Disinfected? Yes..... No.....			
Was a chemical/bacteriological sample submitted to Department? Yes..... No.....					If yes, date sample.....			
was submitted..... month..... day..... year.....					Pump Installed? Yes..... No.....			
If Yes: Pump Manufacturer's name.....					Model No..... HP..... Volts.....			
Depth of Pump Intake..... ft.					Pumps Capacity rated at..... gal./min.			
Type of pump: 1 Submersible 2 Turbine		3 Jet			4 Centrifugal 5 Reciprocating 6 Other .....			
6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on..... 9-30-90..... month..... day..... year.....								
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 223.								
This Water Well Record was completed on..... 11-29-90..... month..... day..... year.....								
name of..... Dunham Drilling Co.		by (signature)..... Karen Dunham						
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		FROM 94	TO 14	LITHOLOGIC LOG Sand & Gravel		FROM	TO	LITHOLOGIC LOG
		14	4	Cement Grout				
ELEVATION:								
Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft. 4..... ft.					(Use a second sheet if needed)			
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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.								