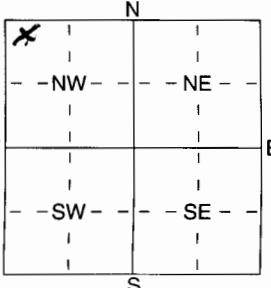


| | | | | |
|---------------------------|---------------------------------|----------------------|----------------------------------|---------------------------------|
| 1 LOCATION OF WATER WELL: | Fraction County: <i>Gray</i> | Section Number 33 | Township Number T <i>27</i> S | Range Number R <i>29</i> E/W |
|---------------------------|---------------------------------|----------------------|----------------------------------|---------------------------------|

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

*From Montezuma, 3 miles north on 12 Rd. 4 miles west, then 1 mile north*2 WATER WELL OWNER: *Roger Yost*RR#, St. Address, Box #: *21505 8 rd.*City, State, ZIP Code: *Montezuma, Ks. 67867*Board of Agriculture, Division of Water Resources
Application Number:3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL *240* ft. ELEVATION:

AN "X" IN SECTION BOX:



Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft.

WELL'S STATIC WATER LEVEL *123* ft. below land surface measured on mo/day/yr *2-10-05*

Pump test data: Well water was ft. after hours pumping gpm

Est. Yield gpm: Well water was ft. after hours pumping gpm

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

6 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)

2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well

Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/hrs sample was submittedWater Well Disinfected? Yes No

5 TYPE OF BLANK CASING USED:

1 Steel 3 RMP (SR)
 PVC 4 ABS

5 Wrought iron

6 Asbestos-Cement

7 Fiberglass

8 Concrete tile

9 Other (specify below)

CASING JOINTS: Glued Clamped

Welded

Threaded

Blank casing diameter *5* in. to *180* ft., Dia in. to ft., Dia in. to ft.Casing height above land surface *12* in., weight lbs./ft. Wall thickness or guage No. *50R21*

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel 3 Stainless Steel
2 Brass 4 Galvanized Steel

5 Fiberglass

6 Concrete tile

 PVC

8 RMP (SR)

9 ABS

10 Asbestos-Cement

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 Guazed wrapped

6 Wire wrapped

7 Torch cut

 Saw cut

9 Drilled holes

10 Other (specify)

11 None (open hole)

SCREEN-PERFORATED INTERVALS: From *180* ft. to *240* ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From *24* ft. to *240* ft., From ft. to ft.

From ft. to ft., From ft. to ft.

6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 OtherGrout Intervals: From *4* ft. to *14* ft., From ft. to ft., From ft. to ft.

What is the nearest source of possible contamination:

1 Septic tank 4 Lateral lines
2 Sewer lines 5 Cess pool
3 Watertight sewer lines 6 Seepage pit

10 Livestock pens

11 Fuel storage

12 Fertilizer storage

13 Insecticide storage

 Abandoned water well

15 Oil well/Gas well

16 Other (specify below)

Direction from well? *North* How many feet? *12*

FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS

| | | | | | |
|------------|------------|--------------------------------------|--|--|--|
| <i>0</i> | <i>2</i> | <i>Topsoil</i> | | | |
| <i>2</i> | <i>10</i> | <i>Fine sand</i> | | | |
| <i>10</i> | <i>25</i> | <i>Brown clay</i> | | | |
| <i>25</i> | <i>80</i> | <i>Brown clay + caliche</i> | | | |
| <i>80</i> | <i>90</i> | <i>Course sand</i> | | | |
| <i>90</i> | <i>130</i> | <i>Med. sand + Sandrock</i> | | | |
| <i>130</i> | <i>178</i> | <i>Brown sandy clay</i> | | | |
| <i>178</i> | <i>240</i> | <i>Brown sand + Med. sand layers</i> | | | |
| <i>240</i> | <i>245</i> | <i>Limestone</i> | | | |
| <i>245</i> | | <i>Shale</i> | | | |

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) *2-10-05* and this record is true to the best of my knowledge and belief. KansasWater Well Contractor's Licence No *533* This Water Well Record was completed on (mo/day/yr) *9-19-05*under the business name of *Jantzen Water Well Repair* by (signature) *[Signature]*

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.