

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>		<u>SE 1/4 NE 1/4 NE 1/4</u>	<u>25</u>	T <u>27</u> S	R <u>30</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>From Montezuma 1/2 mile north on Ingalls Blk. Top, 5 mile west, then 1/2 mile north</u>					
2 WATER WELL OWNER: <u>Leonard Kachin</u>					
RR#, St. Address, Box # : <u>23405 7 Rd,</u>				Board of Agriculture, Division of Water Resources	
City, State, ZIP Code : <u>Montezuma, KS 67867</u>				Application Number:	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>330</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>145</u> ft. below land surface measured on mo/day/yr <u>9-11-95</u>			
		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 <u>330</u> 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"/> X _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> X No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)		5 Wrought iron	
<input checked="" type="checkbox"/> 2 PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.				8 Concrete tile	
Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>SDR 21</u>				9 Other (specify below)	
TYPE OF SCREEN OR PERFORATION MATERIAL:				CASING JOINTS: Glued <input checked="" type="checkbox"/> X Clamped _____	
1 Steel		3 Stainless steel		5 Fiberglass	
2 Brass		4 Galvanized steel		6 Concrete tile	
				7 RMP (SR)	
				8 ABS	
				10 Asbestos-cement	
				11 Other (specify) _____	
				12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		<input checked="" type="checkbox"/> 8 Saw cut	
1 Continuous slot		3 Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) _____	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS:		From <u>290</u> ft. to <u>330</u> ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>24'</u> ft. to <u>330'</u> ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ 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 <u>4</u> ft. to <u>24</u> 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	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below) _____	
Direction from well? _____ How many feet? _____					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	1	Sandy Topsoil			
1	18	Brown sandy clay			
18	30	fine sand			
30	44	Brown sandy clay			
44	57	fine sand + white clay layers			
57	70	Brown sandy clay			
70	120	Medium sand			
120	164	Medium sand + sandrock ledges			
164	170	White clay			
170	180	Medium sand			
180	184	Brown clay			
184	204	Medium sand			
204	218	Brown clay			
218	240	Medium brown clay			
240	335	Medium sand shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>9-11-95</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>9-28-95</u>					
under the business name of <u>Gantzen 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.					

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