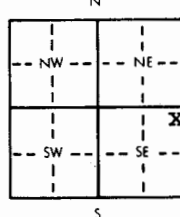


1 LOCATION OF WATER WELL		Fraction		Section Number		Township Number		Range Number	
County: <u>Gray</u>		NE 1/4 NE 1/4 SE 1/4		9		T 28 S		R 28 EW	
Distance and direction from nearest town or city? <u>From Ingalls go 6 So., 1 East, 6 So., 4 East, 1 1/2 So.</u>				Street address of well if located within city?					
2 WATER WELL OWNER: <u>Williams & Sons</u>									
RR#, St. Address, Box # : _____									
City, State, ZIP Code : <u>Montezuma, KS 67867</u>									
Board of Agriculture, Division of Water Resources Application Number: _____									
3 DEPTH OF COMPLETED WELL: <u>264</u> ft. Bore Hole Diameter: <u>28</u> in. to _____ ft., and _____ in. to _____ ft.									
Well Water to be used as:									
5 Public water supply 8 Air conditioning 11 Injection well									
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well									
Well's static water level: <u>148</u> ft. below land surface measured on <u>November</u> month <u>11</u> , day <u>1980</u> year									
Pump Test Data: Well water was <u>196</u> ft. after <u>1</u> hours pumping. <u>904</u> gpm									
Est. Yield <u>900</u> gpm: Well water was _____ ft. after _____ hours pumping _____ gpm									
4 TYPE OF BLANK CASING USED:									
5 Wrought iron 8 Concrete tile Casing Joints: Glued _____ Clamped _____									
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u> _____									
2 PVC 4 ABS 7 Fiberglass _____ Threaded _____									
Blank casing dia <u>16</u> in. to <u>164</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Casing height above land surface: <u>12</u> in., weight <u>37</u> lbs./ft. Wall thickness or gauge No. <u>219</u>									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
7 PVC 10 Asbestos-cement									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____									
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)									
Screen or Perforation Openings Are:									
5 Gauzed wrapped 8 Saw cut 11 None (open hole)									
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes									
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____									
Screen-Perforation Dia <u>16</u> in. to <u>264</u> ft. Dia _____ in. to _____ ft. Dia _____ in. to _____ ft.									
Screen-Perforated Intervals: From <u>164</u> ft. to <u>264</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
Gravel Pack Intervals: From <u>10</u> ft. to <u>264</u> 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 <u>0</u> ft. to <u>10</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
1 Septic tank 4 Cess pool 7 Sewage lagoon 10 Fuel storage 14 Abandoned water well									
2 Sewer lines 5 Seepage pit 8 Feed yard 11 Fertilizer storage 15 Oil well/Gas well									
3 Lateral lines 6 Pit privy 9 Livestock pens 12 Insecticide storage 16 Other (specify below)									
13 Watertight sewer lines <u>Unknown</u>									
Direction from well _____ How many feet _____ ? Water Well Disinfected? Yes <u>X</u> No _____									
Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, date sample _____									
was submitted _____ month _____ day _____ year: Pump installed? Yes <u>X</u> No _____									
If Yes: Pump Manufacturer's name <u>Layne & Bowler WellLine</u> Model No. <u>12KL</u> HP <u>96</u> Volts _____									
Depth of Pump Intake <u>240</u> ft. Pumps Capacity rated at <u>800</u> 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 _____ November _____ month _____ 7, _____ day _____ 1980 _____ year									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>102</u>									
This Water Well Record was completed on _____ month _____ day _____ year under the business name of <u>Layne-Western Company, Inc.</u> by (signature) <u>[Signature]</u>									
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:									
									
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG									
0 4 Top soil									
4 103 Tan clay									
103 110 F-sand w/clay strks									
110 182 F-M sand									
182 208 F-M sand w/clay strks									
208 216 Caliche, hard									
216 264 F-sand w/clay strks, dirty									
264 290 Tan clay									
290 408 Black shale, tight									
408 440 Black shale									
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.									