

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>		<u>SE 1/4 SE 1/4 SE 1/4</u>	<u>3</u>	<u>T 28 S</u>	<u>R 29 EW</u>
Distance and direction from nearest town or city street address of well if located within city? <u>From Montezuma, 2 1/2 miles north on 12 rd, then 1 mile west</u>					
2 WATER WELL OWNER: <u>Rod Toews</u>					
RR#, St. Address, Box # : <u>10906 Z 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>440</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1..... ft. 2..... ft. 3..... ft.			
		WELL'S STATIC WATER LEVEL <u>210</u> ft. below land surface measured on mo/day/yr <u>5-12-04</u>			
		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:			
		<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 Domestic (lawn & garden) <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 <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		5 Wrought iron		8 Concrete tile	
<input checked="" type="radio"/> 2 PVC		3 RMP (SR)		9 Other (specify below)	
4 ABS		6 Asbestos-Cement		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped	
		7 Fiberglass		Welded	
				Threaded	
Blank casing diameter <u>5</u> in. to <u>380</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:					
1 Steel		3 Stainless Steel		5 Fiberglass	
<input checked="" type="radio"/> 2 Brass		4 Galvanized Steel		6 Concrete tile	
				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		5 Guazed wrapped	
2 Louvered shutter		4 Key punched		6 Wire wrapped	
				7 Torch cut	
				<input checked="" type="radio"/> 8 Saw cut	
				9 Drilled holes	
				10 Other (specify)	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>380</u> ft. to <u>440</u> ft., From ft. to ft.					
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>315</u> ft., From <u>325</u> ft. to <u>440</u> ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other					
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>315</u> ft. to <u>325</u> 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	
<input checked="" type="radio"/> 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? <u>Southwest</u>				How many feet? <u>70</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil	395	410	Sandstone
2	45	Brown sandy clay	410	418	Gray clay
45	46	Sandrock	418	440	Sandstone
46	90	Brown sandy clay			
90	105	White rock + med. sand layers			
105	185	Med. Sand			
185	200	Brown sandy clay + med. sand			
200	255	Brown sandy clay			
255	285	Brown clay + limestone			
285	325	Shale			
325	335	Shale + Sandstone streaks			
335	350	Sandstone			
350	380	Gray clay + Sandstone streaks			
380	395	Gray clay			
RECEIVED					
OCT 11 2004					
BUREAU OF WATER					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="radio"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) <u>5-12-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No. <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>10-6-04</u> under the business name of <u>Jantzco 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, 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.					