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|---------------------|-------------------------|---|-----------------------------|------------------------------|-------------------------------------|
| 1 | LOCATION OF WATER WELL: | Fraction <u>NE NE SW</u> <u>1/4 1/4 1/4</u> | Section Number <u>10</u> | Township Number <u>28</u> | Range Number <u>29</u> EW |
| County: <u>Grag</u> | | | | | |

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

From Montezuma, 2 miles north on 12 rd, 1 mile west, then 1/2 mile north

| | | |
|---|------------------------------------|---|
| 2 | WATER WELL OWNER: <u>Max Jante</u> | |
| RR #, St. Address, Box #: <u>26503 11 Rd.</u> | | Board of Agriculture, Division of Water Resources |
| City, State, ZIP Code: <u>Montezuma, KS-67867</u> | | Application Number: |

| | | | | | | | | | | | | | |
|---|--|---|--|---|-----------------------|--------------|--------------|--------------------------|--------------------|-----------|----------------------------|-------------------|--------------|
| 3 | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 | DEPTH OF WELL <u>430</u> ft. | | | | | | | | | | |
| | | WELL'S STATIC WATER LEVEL <u>198</u> ft. | | | | | | | | | | | |
| | | WELL WAS USED AS: | | | | | | | | | | | |
| | | <table border="0"> <tr> <td><input checked="" type="radio"/> 1 Domestic</td> <td>5 Public Water Supply</td> <td>9 Dewatering</td> </tr> <tr> <td>2 Irrigation</td> <td>6 Oil Field Water Supply</td> <td>10 Monitoring Well</td> </tr> <tr> <td>3 Feedlot</td> <td>7 Domestic (Lawn & Garden)</td> <td>11 Injection Well</td> </tr> <tr> <td>4 Industrial</td> <td>8 Air Conditioning</td> <td>12 Other</td> </tr> </table> | | <input checked="" type="radio"/> 1 Domestic | 5 Public Water Supply | 9 Dewatering | 2 Irrigation | 6 Oil Field Water Supply | 10 Monitoring Well | 3 Feedlot | 7 Domestic (Lawn & Garden) | 11 Injection Well | 4 Industrial |
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| 4 Industrial | 8 Air Conditioning | 12 Other | | | | | | | | | | | |
| 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: | | | | | | | | | | | |
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| <input checked="" type="radio"/> 2 PVC | 4 ABS | 6 Asbestos-Cement | 8 Concrete Tile | | | | | | | | | |
| Blank casing diameter <u>5</u> in. | | Was casing pulled? Yes No <input checked="" type="checkbox"/> | | | | | | | | | | |
| Casing height above or below land surface <u>48</u> in. | | If yes, how much | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------|--|--------------------------|--|-----------------|--------------------------|---------------|-------------|-----------------------|-----------------|--------------------------|-----------------|------------------------|--|-----------------|------------|-------------------------|--|-------------|-------------------|----------------------|--|
| 6 | GROUT PLUG MATERIAL: | | | | | | | | | | | | | | | | | | | | | |
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| Grout Plug Intervals: From <u>4</u> ft. to <u>24</u> ft., | | From ft. to ft., From to ft. | | | | | | | | | | | | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | | | | | | | | | | | | | | |
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| Direction from well? | | How many feet? | | | | | | | | | | | | | | | | | | | | |

| FROM | TO | PLUGGING MATERIALS |
|------------|------------|-------------------------|
| <u>4</u> | <u>24</u> | <u>Bentonite Clays</u> |
| <u>24</u> | <u>198</u> | <u>Compacted clays</u> |
| <u>198</u> | <u>430</u> | <u>Chlorinated sand</u> |
| | | |
| | | |
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|-----------------------------------|--|--|
| 7 | CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>7-7-05</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>588</u> This Water Well Record was completed on (mo/day/year) <u>11-15-05</u> under the business name of <u>Jantzen Water Well</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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.