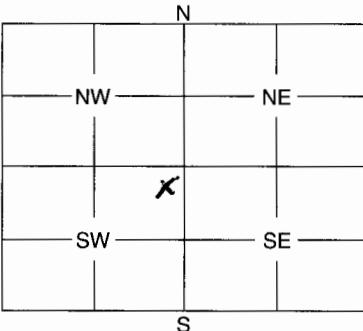


1	LOCATION OF WATER WELL: County: <u>Gray</u>	Fraction <u>NE 1/4 NE 1/4 SW 1/4</u>	Section Number <u>10</u>	Township Number <u>28</u>	Range Number <u>29</u>	EW																				
Distance and direction from nearest town or city street address of well if located within city? <u>From Montezuma, 2 miles north on 12th, 1/2 mile west, then 1/2 mile north</u>																										
2	WATER WELL OWNER: RR #, St. Address, Box #: <u>Max Jantz</u> City, State, ZIP Code : <u>26503 11 Rd. Montezuma, KS 67867</u>	Board of Agriculture, Division of Water Resources 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:																							
			<input checked="" type="radio"/> 1 Domestic	5 Public Water Supply	9 Dewatering																					
			<input type="radio"/> 2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well																					
			<input type="radio"/> 3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well																					
			<input type="radio"/> 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:																									
	1 Steel	3 RMP (SR)	5 Wrought	7 Fiberglass	9 Other (Specify below)																					
	<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 ..... <input type="checkbox"/>	No <input checked="" type="checkbox"/> .....	If yes, how much .....																				
	Casing height above or <u>below</u> land surface ..... <u>48</u> in.																									
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="radio"/> 3 Bentonite 4 Other ..... Grout Plug 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: <table><tr><td>1 Septic tank</td><td>6 Seepage pit</td><td>11 Fuel storage</td><td>16 Other (specify below)</td></tr><tr><td>2 Sewer lines</td><td>7 Pit privy</td><td>12 Fertilizer storage</td><td><u>In field</u></td></tr><tr><td>3 Watertight sewer lines</td><td>8 Sewage lagoon</td><td>13 Insecticide storage</td><td></td></tr><tr><td>4 Lateral lines</td><td>9 Feedyard</td><td>14 Abandoned water well</td><td></td></tr><tr><td>5 Cess pool</td><td>10 Livestock pens</td><td>15 Oil well/Gas well</td><td></td></tr></table>						1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (specify below)	2 Sewer lines	7 Pit privy	12 Fertilizer storage	<u>In field</u>	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		4 Lateral lines	9 Feedyard	14 Abandoned water well		5 Cess pool	10 Livestock pens	15 Oil well/Gas well	
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	Direction from well? ..... How many feet? .....																									
	FROM	TO	PLUGGING MATERIALS																							
	<u>4</u>	<u>24</u>	<u>Bentonite Clips</u>																							
	<u>24</u>	<u>198</u>	<u>Compacted clays</u>																							
	<u>198</u>	<u>430</u>	<u>Chlorinated sand</u>																							
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>503</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>Max Jantz</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.																										