

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number								
County: <u>Gray</u>		$\frac{1}{4}$ <u>NC</u> $\frac{1}{4}$ <u>SW</u> $\frac{1}{4}$	<u>18</u>	<u>T 28</u> <u>S</u>	<u>R 29</u> <u>EW</u>								
Distance and direction from nearest town or city street address of well if located within city? <u>3/4 mi. North and 4 1/2 mi. west of Montezuma, Ks.</u>													
2 WATER WELL OWNER:													
RR#, St. Address, Box # :		Williams & Sons Inc		Board of Agriculture, Division of Water Resources									
City, State, ZIP Code :		11304 BB Road		Application Number:									
Montezuma, Ks. 67867													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>330</u> ft. ELEVATION:											
N 1 Mile W E S <table border="1" style="margin: auto; text-align: center;"><tr><td> </td><td> </td></tr><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr><tr><td> </td><td> </td></tr></table>				NW	NE	SW	SE			Depth(s) Groundwater Encountered <u>1</u> ft. 2. ft. 3. ft.			
		NW	NE										
		SW	SE										
WELL'S STATIC WATER LEVEL <u>143</u> ft. below land surface measured on mo/day/yr													
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. 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 Monitoring well													
Was a chemical/bacteriological sample submitted to Department? Yes. No. If yes, mo/day/yr sample was submitted													
Water Well Disinfected? Yes No													
5 TYPE OF BLANK CASING USED:													
1 Steel		3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped								
2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded								
			7 Fiberglass		Threaded								
Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.													
Casing height above land surface <u>72"</u> in., weight lbs./ft. Wall thickness or gauge No.													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement								
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) <u>NA</u>								
					12 None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:													
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)								
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes									
			7 Torch cut	10 Other (specify) <u>NA</u>									
SCREEN-PERFORATED INTERVALS: From <u>NA</u> ft. to <u>NA</u> ft., From ft. to ft.													
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.													
FROM ft. to ft., FROM ft. to ft.													
6 GROUT MATERIAL:													
1 Neat cement		2 Cement grout	3 Bentonite	4 Other									
Grout Intervals: From <u>6</u> ft. to <u>9</u> ft., From <u>141</u> ft. to <u>143</u> ft., From ft. to ft.													
What is the nearest source of possible contamination:													
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well								
2 Sewer lines		5 Cess pool	8 Sewage lagoon	11 Fuel storage	15 Oil well/Gas well								
3 Watertight sewer lines		6 Seepage pit	9 Feedyard	12 Fertilizer storage	16 Other (specify below)								
				13 Insecticide storage	Replacement well								
Direction from well? <u>South 155' east 140'</u> How many feet? <u>300'</u>													
FROM		TO	LITHOLOGIC LOG										
			FROM	TO	PLUGGING INTERVALS								
			0	6	Topsoil(clay)								
			6	9	3 sacks of Bentonite cap								
			9	141	Subsoil(clay)								
			141	143	2 sacks of Bentonite								
			143	330	Sand								
Note: Chlorine tablets used to sanitize well													
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>Feb. 20, 1995</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) <u>March 6, 1995</u> under the business name of <u>Williams & Sons, Inc.</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.													

OFFICE USE ONLY

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