

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number			
County: <u>Gray</u>		SW 1/4 NW 1/4 NW 1/4		17		T 28 S		R 29 EW			
Distance and direction from nearest town or city street address of well if located within city? <u>1 3/4 mi. North and 3 3/4 mile West Of Montezuma, Ks.</u>											
2 WATER WELL OWNER: <u>Williasm &amp; Sons Inc</u>											
RR#, St. Address, Box # : <u>Montezuma, Ks. 11304 BB Road</u>											
City, State, ZIP Code : <u>67867</u>											
Board of Agriculture, Division of Water Resources Application Number:											
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>330</u> ft. ELEVATION: _____									
		Depth(s) Groundwater Encountered <u>142</u> ft. 2. _____ ft. 3. _____ ft.									
		WELL'S STATIC WATER LEVEL _____ 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:											
<input 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"/> 11 Injection well <input checked="" type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 12 Other (Specify below)											
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:											
<input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought iron <input type="checkbox"/> 8 Concrete tile    CASING JOINTS: Glued _____ Clamped _____ <input type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 9 Other (specify below)    Welded _____ <input type="checkbox"/> 7 Fiberglass    Threaded _____											
Blank casing diameter <u>16</u> in. to _____ ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.											
Casing height <u>above</u> land surface <u>72</u> in., weight _____ lbs./ft. Wall thickness or gauge No. _____											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 Stainless steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 10 Asbestos-cement <input type="checkbox"/> 2 Brass <input type="checkbox"/> 4 Galvanized steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS <input type="checkbox"/> 11 Other (specify) <u>NA</u> <input type="checkbox"/> 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 5 Gauzed wrapped <input type="checkbox"/> 8 Saw cut <input type="checkbox"/> 11 None (open hole) <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 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: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other _____											
Grout Intervals: From <u>6</u> ft. to <u>9</u> ft., From <u>140</u> ft. to <u>142</u> ft., From _____ ft. to _____ ft.											
What is the nearest source of possible contamination:											
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 10 Livestock pens <input checked="" type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 15 Oil well/Gas well <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> Replacement Well											
Direction from well? <u>North</u> How many feet? <u>223</u> feet											
FROM		TO		LITHOLOGIC LOG		FROM		TO		PLUGGING INTERVALS	
						0		86		Topsoil	
						6		9		Grout Bentonite	
						9		140		Subsoil	
						140		142		Grout(Bentonite)	
						142		330		Sand	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or <input checked="" type="checkbox"/> 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 &amp; Sons</u> by (signature) <u>Charles Lee Williams</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.											