

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>		<u>SE 1/4 SE 1/4 SW 1/4</u>	<u>9</u>	<u>T 28 S</u>	<u>R 30 E</u>

Distance and direction from nearest town or city street address of well if located within city?  
From Montezuma, Jct. 56 + 12 rd. 1 1/2 miles North, then 8 1/2 miles west on AA Rd.

2 WATER WELL OWNER: <u>Daniel Dirks</u>		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : <u>6604 AA Rd.</u> City, State, ZIP Code : <u>Montezuma, KS. 67867</u>		

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> </div>	4 DEPTH OF COMPLETED WELL <u>415</u> ft. ELEVATION: _____	
	Depth(s) Groundwater Encountered 1 _____ ft. 2 _____ ft. 3 _____ ft. WELL'S STATIC WATER LEVEL <u>199</u> ft. below land surface measured on mo/day/yr <u>12-29-04</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:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> _____ Clamped _____
<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS		6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft.		7 Fiberglass	_____	Threaded _____
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:		<input checked="" type="checkbox"/> 7 PVC	10 Asbestos-Cement
<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"/> 2 Brass <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 9 ABS		11 Other (Specify) _____	12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:		5 Guazed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
<input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 4 Key punched		6 Wire wrapped	<input type="checkbox"/> 9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	ft.

SCREEN-PERFORATED INTERVALS:		From <u>375</u> ft. to <u>415</u> ft.	From _____ ft. to _____ ft.
GRAVEL PACK INTERVALS:		From <u>24</u> ft. to <u>250</u> ft.	From <u>260</u> ft. to <u>415</u> ft.

6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	<input checked="" type="checkbox"/> 3 Bentonite	4 Other _____
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>250</u> ft. to <u>260</u> ft., From _____ ft. to _____ ft.					

What is the nearest source of possible contamination:		10 Livestock pens	<input checked="" type="checkbox"/> 14 Abandoned water well
<input type="checkbox"/> 1 Septic tank <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 9 Feedyard		11 Fuel storage	15 Oil well/Gas well
		12 Fertilizer storage	16 Other (specify below) _____
Direction from well? <u>Southeast</u>		13 Insecticide storage	
		How many feet? <u>50</u>	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	2	Topsoil			
2	45	Brown clay			
45	90	Brown sandy clay			
90	105	White rock + med. sand			
105	210	Med. sand			
210	225	Med. sand + brown clay			
225	285	Fine to med sand + brown clay			
285	287	Limestone			
287	325	Shale			
325	335	Sandstone streaks			
335	350	Sandstone			
350	380	Gray clay			
380	415	Sandstone			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>12-29-04</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>2-3-05</u> under the business name of <u>Intren Water Well Repair</u> by (signature) <u>[Signature]</u>	
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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.