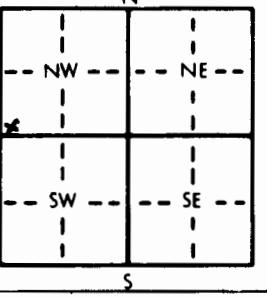


1 LOCATION OF WATER WELL:	Fraction County: <i>Gray</i>	SW 1/4 SW 1/4 NW 1/4	Section Number 10	Township Number T 29 S	Range Number R 29 E
Distance and direction from nearest town or city street address of well if located within city? <i>From Montezuma 2 1/2 miles west then 3 miles south</i>					
2 WATER WELL OWNER:	<i>Dale Schmidt</i>		Board of Agriculture, Division of Water Resources		
RR#, St. Address, Box #:	<i>Rt. 2 Box 125</i>		Application Number:		
City, State, ZIP Code:	<i>Montezuma, KS 67867</i>				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF COMPLETED WELL <i>195'</i> ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <i>124'</i> ft. below land surface measured on mo/day/yr <i>1-6-74</i> 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 <i>9 1/2"</i> 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 <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 iron	8 Concrete tile	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped .....
	<i>2 PVC</i>	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....
			7 Fiberglass		Threaded .....
Blank casing diameter	<i>5"</i>	in. to <i>155'</i>	ft., Dia	in. to ..... ft., Dia	in. to ..... ft.
Casing height above land surface	<i>18'</i>	in., weight		lbs./ft. Wall thickness or gauge No.	<i>SDR 21</i>
TYPE OF SCREEN OR PERFORATION MATERIAL:				<i>PVC</i>	10 Asbestos-cement
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specify) .....	
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (open hole) .....	
SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped	11 None (open hole) .....
1 Continuous slot	3 Mill slot	6 Wire wrapped		8 Saw cut	
2 Louvered shutter	4 Key punched	7 Torch cut		9 Drilled holes	
SCREEN-PERFORATED INTERVALS:	From. <i>155'</i>	ft. to <i>195'</i>	ft., From	ft. to ..... ft.	
	From. ....	ft. to ..... ft.	From	ft. to ..... ft.	
GRAVEL PACK INTERVALS:	From. <i>24'</i>	ft. to <i>195'</i>	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. <i>4'</i>	ft. to <i>24'</i>	ft., From	ft. to ..... ft., From	
What is the nearest source of possible contamination:				10 Livestock pens	14 Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well	
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below) .....	
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage		
Direction from well?	<i>East</i>			How many feet? <i>12'</i>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<i>0</i>	<i>2</i>	<i>Topsoil</i>			
<i>2</i>	<i>30</i>	<i>Brown clay</i>			
<i>30</i>	<i>80</i>	<i>Brown clay &amp; caliche layers</i>			
<i>80</i>	<i>180</i>	<i>med. course sand</i>			
<i>180</i>	<i>200</i>	<i>med. sand brown clay layer shale</i>			
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) <i>1-6-74</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>533</i> This Water Well Record was completed on (mo/day/yr) <i>1-29-84</i> under the business name of <i>Intec Water Well Repair</i> by (signature) <i>ED</i>				
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.					