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| 1 LOCATION OF WATER WELL: County: <u>Gray</u> | Fraction <u>SW 1/4 NE 1/4 NW 1/4</u> | Section Number <u>14</u> | Township Number <u>T 29 S</u> | Range Number <u>R 29 E</u> |
|--|--------------------------------------|--------------------------|-------------------------------|----------------------------|

Distance and direction from nearest town or city street address of well if located within city?
From Montezuma, 4 miles south on 12 rd. then 1/2 mile west

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| 2 WATER WELL OWNER: RR#, St. Address, Box # : <u>11305 GG Rd.</u> City, State, ZIP Code : <u>Montezuma, KS. 67867</u> | Board of Agriculture, Division of Water Resources Application Number: |
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| 3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: | 4 DEPTH OF COMPLETED WELL <u>190'</u> ft. ELEVATION: <u>190'</u> ft. |
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N
W E
S

Depth(s) Groundwater Encountered 1 ft. 2 _____ ft. 3 _____ ft.

WELL'S STATIC WATER LEVEL 137 ft. below land surface measured on mo/day/yr 4-26-04

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="radio"/> 1 Domestic | <input type="radio"/> 3 Feedlot | <input type="radio"/> 6 Oil field water supply | <input type="radio"/> 8 Air conditioning | <input type="radio"/> 11 Injection well |
| <input type="radio"/> 2 Irrigation | <input type="radio"/> 4 Industrial | <input type="radio"/> 7 Domestic (lawn & garden) | <input type="radio"/> 9 Dewatering | <input type="radio"/> 12 Other (Specify below) |

Was a chemical/bacteriological sample submitted to Department? Yes _____ No X _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes X _____ No _____

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| 5 TYPE OF BLANK CASING USED: | 5 Wrought iron | 8 Concrete tile | CASING JOINTS: Glued <u>X</u> _____ Clamped _____ |
| <input type="radio"/> 1 Steel | <input type="radio"/> 3 RMP (SR) | <input type="radio"/> 6 Asbestos-Cement | <input type="radio"/> 9 Other (specify below) |
| <input checked="" type="radio"/> 2 PVC | <input type="radio"/> 4 ABS | <input type="radio"/> 7 Fiberglass | <input type="radio"/> 10 Asbestos-Cement |
| Blank casing diameter _____ in. to _____ ft., Dia _____ in. to _____ ft. | | | <input type="radio"/> 11 Other (Specify) _____ |
| Casing height above land surface _____ in., weight _____ lbs./ft. Wall thickness or gauge No. <u>50 R 21</u> | | | <input type="radio"/> 12 None used (open hole) |

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| TYPE OF SCREEN OR PERFORATION MATERIAL: | 5 Fiberglass | 8 RMP (SR) | 10 Asbestos-Cement |
| <input type="radio"/> 1 Steel | <input type="radio"/> 3 Stainless Steel | <input type="radio"/> 6 Concrete tile | <input type="radio"/> 11 Other (Specify) _____ |
| <input type="radio"/> 2 Brass | <input type="radio"/> 4 Galvanized Steel | <input type="radio"/> 7 Torch cut | <input type="radio"/> 12 None used (open hole) |

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

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|------------------------------|---------------------------------------|-----------------------------|-----------------------------|
| SCREEN-PERFORATED INTERVALS: | From <u>145</u> ft. to <u>190</u> ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |
| GRAVEL PACK INTERVALS: | From <u>24</u> ft. to <u>190</u> ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |

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| 6 GROUT MATERIAL: | 1 Neat cement | 2 Cement grout | 3 Bentonite | 4 Other _____ |
| Grout Intervals: From <u>4</u> ft. to <u>24</u> ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. | From _____ ft. to _____ ft. |

What is the nearest source of possible contamination:

| | | | | |
|--|---------------------------------------|---------------------------------------|---|--|
| <input type="radio"/> 1 Septic tank | <input type="radio"/> 4 Lateral lines | <input type="radio"/> 7 Pit privy | <input type="radio"/> 10 Livestock pens | <input type="radio"/> 14 Abandoned water well |
| <input type="radio"/> 2 Sewer lines | <input type="radio"/> 5 Cess pool | <input type="radio"/> 8 Sewage lagoon | <input type="radio"/> 11 Fuel storage | <input type="radio"/> 15 Oil well/Gas well |
| <input type="radio"/> 3 Watertight sewer lines | <input type="radio"/> 6 Seepage pit | <input type="radio"/> 9 Feedyard | <input type="radio"/> 12 Fertilizer storage | <input type="radio"/> 16 Other (specify below) |

Direction from well? _____ How many feet? _____

| FROM | TO | LITHOLOGIC LOG | FROM | TO | PLUGGING INTERVALS |
|------------|------------|--------------------------------|------|----|--------------------|
| <u>0</u> | <u>2</u> | <u>Topsoil</u> | | | |
| <u>2</u> | <u>30</u> | <u>Brown clay</u> | | | |
| <u>30</u> | <u>60</u> | <u>Brown clay + Caliche</u> | | | |
| <u>60</u> | <u>70</u> | <u>Fine sand</u> | | | |
| <u>70</u> | <u>120</u> | <u>Fine to med. sand</u> | | | |
| <u>120</u> | <u>170</u> | <u>Med. sand</u> | | | |
| <u>170</u> | <u>180</u> | <u>White rock</u> | | | |
| <u>180</u> | <u>190</u> | <u>white rock + brown clay</u> | | | |

RECEIVED

OCT 11 2004

BUREAU OF WATER

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| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, <u>(2)</u> reconstructed, or <u>(3)</u> plugged under my jurisdiction and was completed on (mo/day/year) <u>10-6-04</u> <u>4-26-04</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>10-6-04</u> under the business name of <u>Sanzen Water Well Repair</u> by (signature) _____ | |
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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.