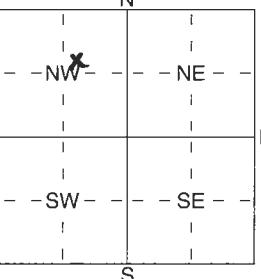


1 LOCATION OF WATER WELL:		Fraction <i>SW 1/4 NE 1/4 NW 1/4</i>	Section Number <i>14</i>	Township Number <i>T 29 S</i>	Range Number <i>R 29 EW</i>																																																						
Distance and direction from nearest town or city street address of well if located within city? <i>From Menterzuma, 4 miles south on 12 rd. then 1/2 mile west</i>																																																											
2 WATER WELL OWNER:		Ron Koch																																																									
RR#, St. Address, Box #:		11305 GG Rd.																																																									
City, State, ZIP Code:		Menterzuma, KS. 67867																																																									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 																																																											
4 DEPTH OF COMPLETED WELL ..... 190 ft. ELEVATION: ..... 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: 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 Domestic (lawn & garden) 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 ..... ② PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded ..... Blank casing diameter ..... 5 in. to ..... 145 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface ..... 12 in., weight ..... lbs./ft. Wall thickness or guage No. ..... 50 R 21																																																											
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass ⑦ PVC 10 Asbestos-Cement 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RMP (SR) 11 Other (Specify) ..... 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guazed 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) ..... ft.																																																											
SCREEN-PERFORATED INTERVALS: From ..... 145 ft. to ..... 190 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. GRAVEL PACK INTERVALS: From ..... 24 ft. to ..... 190 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 ..... 4 ft. to ..... 24 ft., From ..... ft. to ..... 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) Nothing within 100'																																																											
Direction from well? <table border="1"><thead><tr><th>FROM</th><th>TO</th><th>LITHOLOGIC LOG</th><th>FROM</th><th>TO</th><th>PLUGGING INTERVALS</th></tr></thead><tbody><tr><td>0</td><td>2</td><td>Topsoil</td><td></td><td></td><td></td></tr><tr><td>2</td><td>30</td><td>Brown clay</td><td></td><td></td><td></td></tr><tr><td>30</td><td>60</td><td>Brown clay + Caliche</td><td></td><td></td><td></td></tr><tr><td>60</td><td>70</td><td>Fine sand</td><td></td><td></td><td></td></tr><tr><td>70</td><td>120</td><td>Fine to Med. Sand</td><td></td><td></td><td></td></tr><tr><td>120</td><td>170</td><td>Med. Sand</td><td></td><td></td><td></td></tr><tr><td>170</td><td>180</td><td>White rock</td><td></td><td></td><td></td></tr><tr><td>180</td><td>190</td><td>white rock + brown clay</td><td></td><td></td><td></td></tr></tbody></table>						FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	0	2	Topsoil				2	30	Brown clay				30	60	Brown clay + Caliche				60	70	Fine sand				70	120	Fine to Med. Sand				120	170	Med. Sand				170	180	White rock				180	190	white rock + brown clay			
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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) ..... 4-26-04 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No ..... 533 ..... This Water Well Record was completed on (mo/day/yr) ..... 10-6-04 ..... under the business name of <i>Tantron Water Well Repair</i> by (signature) <i>John Tantron</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, 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.																																																											