

1	LOCATION OF WATER WELL	Fraction <u>NE NE SE</u> <u>1/4 1/4 1/4</u>	Section Number <u>5</u>	Township Number <u>29</u>	Range Number <u>29</u> EW
County: <u>Gray</u>					

Distance and direction from nearest town or city street address of well if located within city?

31505 9 Rd. Montezuma, KS 67867

2	WATER WELL OWNER: <u>Dewayne Nickel</u>	Board of Agriculture, Division of Water Resources
RR #, St. Address, Box #: <u>31505 9 Rd.</u>		Application Number:
City, State, ZIP Code: <u>Montezuma, KS 67867</u>		

3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL <u>180</u> ft.
		WELL'S STATIC WATER LEVEL <u>174</u> ft.	
		WELL WAS USED AS:	
		<input checked="" type="radio"/> Domestic <input type="radio"/> Irrigation <input type="radio"/> Feedlot <input type="radio"/> Industrial <input type="radio"/> Public Water Supply <input type="radio"/> Oil Field Water Supply <input type="radio"/> Domestic (Lawn & Garden) <input type="radio"/> Air Conditioning <input type="radio"/> Dewatering <input type="radio"/> Monitoring Well <input type="radio"/> Injection Well <input type="radio"/> Other	
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 7 Fiberglass 9 Other (Specify below) <input checked="" type="radio"/> PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter <u>5</u> in Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____				
Casing height above or below land surface <u>36</u> in.				

6	GROUT PLUG MATERIAL:	1 Neat cement	2 Cement grout	<input checked="" type="radio"/> Bentonite	4 Other _____
Grout Plug Intervals: From <u>0</u> ft. to <u>20</u> ft. From _____ ft. to _____ ft. From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage <u>None observed</u> 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? _____ How many feet? _____					

FROM	TO	PLUGGING MATERIALS
<u>0</u>	<u>20</u>	<u>Bentonite chips</u>
<u>20</u>	<u>174</u>	<u>Compacted clays</u>
<u>174</u>	<u>180</u>	<u>chlorinated sand</u>

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/24/11</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>533</u> This Water Well Record was completed on (mo/day/year) <u>11/12/11</u> under the business name of <u>Juntzen Water Well</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., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.