

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Decatur		S 1/2 Sw 1/4 NE 1/4	7	T 3 S	26 EW
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Ronald Montgomery					
RR#, St. Address, Box # : Rt. 1, Box 75			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : Jennings, Ks			Application Number: 20040287		
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 na ft. below land surface measured on mo/day/yr _____			
		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 8 in. to 190 ft. and _____ in. to _____ ft.			
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well					
1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well					
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 _____					
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	5 Wrought Iron	8 Concrete tile	CASING JOINTS: Glued X Clamped _____
x 2 PVC		4 ABS	6 Asbestos-Cement	9 Other (specify below) _____	Welded _____
			7 Fiberglass		Threaded _____
Blank casing diameter 4.5 in. to 150 ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.					
Casing height above land surface 18 in., weight 2.38 lbs./ft. Wall thickness or gauge No. .248					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed 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) _____	
SCREEN-PERFORATED INTERVALS: From 150 ft. to 190 ft. From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From 20 ft. to 190 ft. From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____					
Grout intervals From 0 ft. to 20 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) none
Direction from well? _____ How many feet? _____					
FROM	TO	CODE	LITHOLOGIC LOG	FROM	TO
0	2		Surface	140	160
2	8		Loess	160	164
8	20		Clay	164	180
20	26		Clay	180	184
26	40		Clay & caliche	184	190
40	51		Clay & caliche	190	
51	56		Clay caliche & sand strks		
56	60		Cemented sand		
60	75		Cemented sand		
75	80		Clay, caliche & sand strks		
80	100		Clay, caliche & sand strks		
100	115		Clay, caliche & sand strks		
115	120		Fine to med sands, clay strks		
120	140		Fine & med sands, clay strks		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) <u>constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was _____					
completed on (mo/day/yr) 12-26-04			and this record is true to the best of my knowledge and belief. Kansas		
Water Well Contractor's License No. 554			This Water Well Record was completed on (mo/day/yr) 01-07-05		
under the business name of Woofter Pump & Well Inc..			by (signature) <i>[Signature]</i>		
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send 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.					

OFFICE USE ONLY

T

R

SEC