* *

WATER WELL RECORD Form WWC-5 KSA 82a-1212

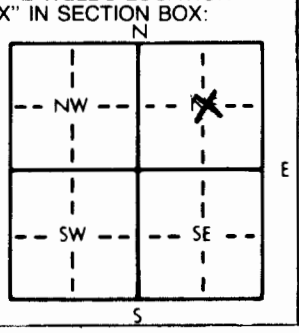
1 LOCATION OF WATER WELL: County: Gray	Fraction ¼ NC ¼ NE ¼	Section Number 36	Township Number T 24 S	Range Number R 28 E (W)

Distance and direction from nearest town or city street address of well if located within city? 8 Miles North on Highway 23; 3/4 Mile East; 1/4 Mile South

2 WATER WELL OWNER: E. A. Davidson
RR#, St. Address, Box # : 207 N Third, Box 228
City, State, ZIP Code : Cimarron, KS 67835-0228

Board of Agriculture, Division of Water Resources Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL. . . . . ft. ELEVATION: . . . . . .

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

WELL'S STATIC WATER LEVEL . . . 97' . . . ft. below land surface measured on mo/day/yr 7-11-90 . . . . . .

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 . . . 16" . . . 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 . . . X . . . . ; If yes, mo/day/yr sample was submitted . . . . . Water Well Disinfected? Yes X No

5 TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued . . . . . Clamped . . . . . .
(1) Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded . . . . . .
2 PVC 4 ABS 7 Fiberglass . . . . . Threaded . . . . . .

Blank casing diameter . . . . . 16" . . . in. to . . . . . 8" . . . . . ft., Dia . . . . . in. to . . . . . ft., Dia . . . . . in. to . . . . . ft.

Casing height above land surface . . . . . 8" . . . . . in., weight . . . . . lbs./ft. Wall thickness or gauge No. . . 3/16" . . . . . .

TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) . . . . . N.A. . . . . .
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) . . . N.A . . . . . .

SCREEN-PERFORATED INTERVALS: From . . . . . N.A . . . ft. to . . . . . NA . . . . . ft., From . . . . . ft. to . . . . . ft.
From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.
GRAVEL PACK INTERVALS: From . . . . . ft. to . . . . . 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 . . . . . 97 . . . ft. to . . . . . 0 . . . . ft., From . . . . . ft. to . . . . . ft., From . . . . . ft. to . . . . . ft.

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? N How many feet? 3500 +

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
					All plugged and sealed with Cement Cap.

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) . . . . . 7-24-90 . . . . . and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. . . . . This Water Well Record was completed on (mo/day/yr) . . . . . under the business name of . . . . . by (signature) E. A. Davidson

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 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

OFFICE USE ONLY T R E/W SEC. ¼ ¼ ¼