

## WATER WELL RECORD

Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction 1/4 SW 1/4 SW 1/4	Section Number 32	Township Number T 25 S	Range Number R 27 EW
Distance and direction from nearest town or city street address of well if located within city? 2 M. NORTH CIMARRON 1 1/2 M. E 1/4 M. NORTH					
2 WATER WELL OWNER:		VERNON GILSHECHT RR#, St. Address, Box # : CIMARRON, KS.		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... 280 ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL ..... 180 ft. below land surface measured on mo/day/yr 9/29/88 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. 9 7/8 in. to 280. .... 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 ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
5 TYPE OF BLANK CASING USED:		1 Steel <input checked="" type="checkbox"/> PVC	3 RMP (SR) 4 ABS	5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below) .....
Casing joints: Glued <input checked="" type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/>					
Blank casing diameter ..... 5 in. to ..... 260 ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.					
Casing height above land surface ..... 18 in., weight ..... 200 lbs./ft. Wall thickness or gauge No. ....					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
7 PVC 10 Asbestos-cement 8 RMP (SR) 11 Other (specify) ..... 9 ABS 12 None used (open hole)					
5 Gauzed wrapped 8 Saw cut 11 None (open hole) 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) .....					
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input checked="" type="checkbox"/> Mill slot 2 Louvered shutter 4 Key punched					
SCREEN-PERFORATED INTERVALS: From ..... 260 ft. to ..... 280 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From ..... 50 ft. to ..... 280 ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> Bentonite 4 Other ..... Grout intervals: From ..... 4 ft. to ..... 30 ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.					
What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage					
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit How many feet? 100					
Direction from well? south					
FROM	TO	LITHOLOGIC LOG		FROM	TO
0	8	TOP SOIL			
8	130	BROWN SANDY CLAY			
130	155	FINE TO MED SAND AND GRAVEL			
155	203	BROWN SANDY CLAY			
203	220	FINE TO MED SAND AND GRAVEL			
220	253	BROWN SANDY CLAY			
253	279	FINE TO MED SAND AND GRAVEL			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... 10/5/88 ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ..... 172 ..... This Water Well Record was completed on (mo/day/yr) ..... 6/1/89 ..... under the business name of JONAGAN DRILLING CO. by (signature)					
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 Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.					