

1 LOCATION OF WATER WELL:		Fraction County: <b>Gray</b> Distance and direction from nearest town or city street address of well if located within city?	Section Number <b>35</b>	Township Number <b>T 26 S</b>	Range Number <b>R 27 E</b>		
2 WATER WELL OWNER: <b>Chris Schmetz</b>		Board of Agriculture, Division of Water Resources Application Number:					
RR#, St. Address, Box # : <b>18825 24. Rd.</b>							
City, State, ZIP Code : <b>Cimarron, KS. 67833</b>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <b>140</b> ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL <b>108</b> ft. below land surface measured on mo/day/yr <b>6-4-97</b> 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 <b>9 7/8</b> in. to <b>140</b> 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:		5 Wrought iron 1 Steel <b>PVC</b>	8 Concrete tile 6 Asbestos-Cement 7 Fiberglass	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded ..... Blank casing diameter <b>5"</b> in. to <b>100</b> ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft. Casing height above land surface ..... in., weight ..... lbs./ft. Wall thickness or gauge No. <b>SDR 21</b>			
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass 3 Stainless steel 2 Brass 4 Galvanized steel	8 RMP (SR) 9 Other (specify below) 7 PVC 6 Concrete tile	10 Asbestos-cement 11 Other (specify) ..... 12 None used (open hole) 13 Saw cut ..... 9 Drilled holes ..... 10 Other (specify) ..... 11 None (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 1 Continuous slot 2 Louvered shutter	6 Wire wrapped 3 Mill slot 4 Key punched	7 Torch cut ..... From ..... <b>100</b> ft. to <b>140</b> ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft. From ..... ft. to ..... ft., From ..... ft. to ..... ft.			
SCREEN-PERFORATED INTERVALS:		From ..... <b>100</b> ft. to <b>140</b> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS:		From ..... <b>24</b> ft. to <b>140</b> ft., From ..... ft. to ..... ft.					
6 GROUT MATERIAL:		1 Neat cement Grout Intervals: From ..... <b>24</b> ft. to ..... ft., From ..... ft. to ..... ft., From ..... ft. to ..... ft.	2 Cement grout 4 Bentonite	4 Other ..... 10 Livestock pens ..... 11 Fuel storage ..... 12 Fertilizer storage ..... 13 Insecticide storage ..... How many feet? <b>40'</b>			
What is the nearest source of possible contamination:		4 Lateral lines 2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon 9 Feedyard	14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)			
Direction from well? <b>west</b>							
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS	
0	2	<b>Sandy Topsoil</b>				.	
2	8	<b>Fine Sand</b>				.	
8	60	<b>Brown clay</b>				.	
60	110	<b>Med. sand</b>				.	
110	111	<b>Brown clay</b>				.	
111	140	<b>Med. sand</b>				.	
140		<b>Limestone &amp; shale</b>				.	
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) <b>6-4-97</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>533</b> This Water Well Record was completed on (mo/day/yr) <b>8-22-97</b> under the business name of <b>Intech Water well repair</b> 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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.							