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|--|--|---|--|----------------|--|-----------------|--|--------------|--|
| 1) LOCATION OF WATER WELL: | | Fraction | | Section Number | | Township Number | | Range Number | |
| County: Gray | | NW 1/4 SE 1/4 NE 1/4 | | 11 | | T 26 S | | R 28 E | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | | |
| 210 East Avenue A, Cimarron, Kansas | | | | | | | | | |
| 2) WATER WELL OWNER: | | Grasser Oil Co. | | | | | | | |
| RR#, St. Address, Box # : | | 210 East Avenue A | | | | | | | |
| City, State, ZIP Code : | | Cimarron, KS 67835 | | | | | | | |
| 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: 59.0 ft. ELEVATION: 203.17 | | | | | | | |
| | | Depth(s) Groundwater Encountered 1. 162.67 ft. 2. ft. 3. ft. | | | | | | | |
| | | WELL'S STATIC WATER LEVEL 40.5 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 6 5/8 in. to 59 ft. and in. to | | WELL WATER TO BE USED AS: | | | | | | | |
| 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | 5 Public water supply 8 Air conditioning 11 Injection well | | | | | | | |
| 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well MW-7 | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was submitted | | | | | | | | | |
| Water Well Disinfected? Yes No X | | | | | | | | | |
| 5) TYPE OF BLANK CASING USED: | | CASING JOINTS: Glued Clamped | | | | | | | |
| 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded | | | | | | | | | |
| 2 PVC 4 ABS 7 Fiberglass Threaded X | | | | | | | | | |
| Blank casing diameter 2 in. to 31 ft. Dia in. to ft. Dia in. to ft. | | | | | | | | | |
| Casing height above land surface 0.0 in. weight lbs./ft. Wall thickness or gauge No. Sched. 40 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | 7 PVC 10 Asbestos-cement | | | | | | | |
| 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) | | | | | | | | | |
| 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) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 51.0 ft. to 31.0 ft. From ft. to ft. | | | | | | | | | |
| GRAVEL PACK INTERVALS: From 59.0 ft. to 29.2 ft. From ft. to ft. | | | | | | | | | |
| 6) GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | |
| Grout Intervals: From 29.2 ft. to 26.8 ft. From 26.8 ft. to 0.0 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) | | | | | | | | | |
| 13 Insecticide storage | | | | | | | | | |
| Direction from well? How many feet? | | | | | | | | | |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS | | | | | | | | | |
| 0 5 Clay, Med. Brn., Lean | | | | | | | | | |
| 5 10 Clay, Med. Brn., Lean, Silty | | | | | | | | | |
| 10 15 Clay, Med. to Dk. Brn., Lean, Silty | | | | | | | | | |
| 15 20 Clay, Med. to Dk. Brn., Lean, Silty | | | | | | | | | |
| 20 25 Clay, Med. to Dk. Redish Brn., Caliche, Lean | | | | | | | | | |
| 25 30 Clay, Dk. Brn., Lean | | | | | | | | | |
| 30 35 Clay, Dk. Brn., Dk. Gray, Lean | | | | | | | | | |
| 35 40 Sand, C-M Gr., Some Gravel | | | | | | | | | |
| 40 45 Sand, C-M, Gr., Some Lg. Gravel | | | | | | | | | |
| 45 50 Sand, C-M Gr. Some M-L Gravel | | | | | | | | | |
| Flush Mount approved by | | | | | | | | | |
| Don Taylor (10-1-92) | | | | | | | | | |
| KDHE Code # 01035354 | | | | | | | | | |
| 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) 8-8-92 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 540 This Water Well Record was completed on (mo/day/yr) 11/18/92 under the business name of Prairie Land Environmental Remediation, Inc. (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. | | | | | | | | | |