

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: Gray		SW 1/4 SE 1/4 NW 1/4	11	T 26 S	R 28 W
Distance and direction from nearest town or city street address of well if located within city? <i>Work sheet #82</i>					

2 WATER WELL OWNER: Vernon Hanna		Board of Agriculture, Division of Water Resources Application Number:
RR#, St. Address, Box # : 256		
City, State, ZIP Code : Cimarron, Kansas 67835		

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 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..... in. to ft., and..... in. to ft.	
WELL WATER TO BE USED AS:		5 Public water supply 8 Air conditioning 11 Injection well <input checked="" type="radio"/> 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 No	

5 TYPE OF BLANK CASING USED:		3 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 ... 14..... in. to ft., Dia..... in. to ft., Dia..... in. to ft.			
Casing height above land surface... 10..... in., weight..... lbs./ft. Wall thickness or gauge No.			
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..... 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..... ft. to 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?		How many feet?	

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	10	Packed clay			
10	15	Clay & bentonite mixed			
15	20	Fill sand & bentonite mixed			
20	26	Bentonite			
		The well had collapsed at 26 ft.			
		The casing was 14" steel			
		There was a 42" cement pit			
		from 0-20 ft. We removed the pit from 7-10 ft.			

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) 3-1-90..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 179..... This Water Well Record was completed on (mo/day/yr) 4-12-90..... under the business name of Joe's Well Service, Inc. Cimarron, Ks. by (signature) <i>Joel Crisk</i>	
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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.

OFFICE USE ONLY

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