

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>		<u>NW 1/4 SW 1/4 SW 1/4</u>	<u>14</u>	T <u>26</u> S	R <u>28</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>From Cimarron 3/4 miles South</u>					
2 WATER WELL OWNER: <u>Forrest Jantzen</u>					
RR#, St. Address, Box # : <u>Rt. 1</u>			Board of Agriculture, Division of Water Resources		
City, State, ZIP Code : <u>Cimarron, KS 67835</u>			Application Number:		
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>220'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft.			
		WELL'S STATIC WATER LEVEL <u>65'</u> ft. below land surface measured on mo/day/yr <u>1-14-92</u>			
		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 <u>9 7/8"</u> in. to ..... ft., and ..... in. to ..... ft.			
		WELL WATER TO BE USED AS:			
		<input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 12 Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes.....No <input checked="" type="checkbox"/> ; If yes, mo/day/yr sample was submitted			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No			
5 TYPE OF BLANK CASING USED:					
1 Steel		3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped
<input checked="" type="checkbox"/> 2 PVC		4 ABS	7 Fiberglass		Welded
					Threaded
Blank casing diameter <u>5"</u> in. to <u>200'</u> ft., Dia. .... in. to ..... ft., Dia. .... in. to ..... ft.					
Casing height above land surface <u>12"</u> in., weight ..... lbs./ft. Wall thickness or gauge No. <u>SPR 21</u>					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless steel	5 Fiberglass	<input checked="" type="checkbox"/> 7 PVC	10 Asbestos-cement
2 Brass		4 Galvanized steel	6 Concrete tile	8 RMP (SR)	11 Other (specify) .....
				9 ABS	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot		3 Mill slot	5 Gauzed wrapped	<input checked="" type="checkbox"/> 8 Saw cut	11 None (open hole)
2 Louvered shutter		4 Key punched	6 Wire wrapped	9 Drilled holes	
			7 Torch cut	10 Other (specify) .....	
SCREEN-PERFORATED INTERVALS: From <u>200'</u> ft. to <u>220'</u> ft., From ..... ft. to ..... ft.					
GRAVEL PACK INTERVALS: From <u>24'</u> ft. to <u>131'</u> ft., From <u>136'</u> ft. to <u>220'</u> ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout <input checked="" type="checkbox"/> 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:					
1 Septic tank		4 Lateral lines	7 Pit privy	10 Livestock pens	14 Abandoned water well
<input checked="" type="checkbox"/> 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? <u>South east</u>				How many feet? <u>100'</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	5	Sandy Topsoil			
5	40	Med. Sand			
40	80	med. sand & caliche			
80	100	Brown sandy clay			
100	140	med. sand & brown clay layers			
140	167	Brown sandy clay			
167	220	Fine to med. sand			
220	230	Yellow clay & shale			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> (1) constructed, <input type="checkbox"/> (2) reconstructed, or <input type="checkbox"/> (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>1-14-92</u> and this record is true to the best of my knowledge and belief. Kansas					
Water Well Contractor's License No. <u>533</u>		This Water Well Record was completed on (mo/day/yr) <u>2-3-92</u>			
under the business name of <u>Jantzen Water Well Repair</u>		by (signature) <u>[Signature]</u>			