

WATER WELL RECORD Form WWC-5 KSA 82a-1212

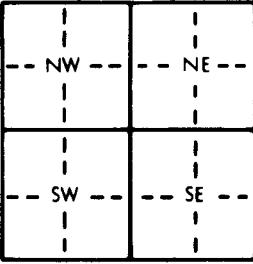
1 LOCATION OF WATER WELL:		Fraction County: Gray NE $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$	Section Number 22	Township Number T 26 S	Range Number R 28 E/W
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Distance and direction from nearest town or city street address of well if located within city?

From Cimmaron: 3 South, $2\frac{1}{2}$ West, $\frac{1}{2}$ North.

2 WATER WELL OWNER: D M & M Feedyard RR#, St. Address, Box #: P.O.Box 668 City, State, ZIP Code: Cimmaron, KS. 67835		Board of Agriculture, Division of Water Resources Application Number:
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3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL 246' ft. ELEVATION:
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		Depth(s) Groundwater Encountered 1. 75' ft. 2. ft. 3. ft.
		WELL'S STATIC WATER LEVEL 75' 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 17 $\frac{1}{2}$ in. to 246' ft., and in. to ft.
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic <input checked="" type="checkbox"/> 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 X If yes, mo/day/yr sample was submitted
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No

5 TYPE OF BLANK CASING USED:		5 Wrought iron 8 Concrete tile Casing JOINTS: Glued Clamped <input checked="" type="checkbox"/> Steel 3 RMP (SR) 6 Asbestos-Cement <input checked="" type="checkbox"/> Welded 2 PVC 4 ABS 7 Fiberglass Threaded
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Blank casing diameter in. to ft., Dia in. to ft., Dia in. to ft.

Casing height above land surface in., weight lbs./ft. Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC 10 Asbestos-cement 1 Steel <input checked="" type="checkbox"/> 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)
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SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot <input checked="" type="checkbox"/> Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)
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SCREEN-PERFORATED INTERVALS: From 211' ft. to 246' ft., From ft. to ft.

From ft. to ft., From ft. to ft.

GRAVEL PACK INTERVALS: From 20' ft. to 246' 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 ft. to ft., From ft. to ft., From ft. to ft.
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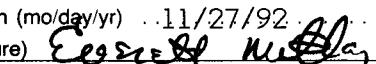
What is the nearest source of possible contamination:

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	<input checked="" type="checkbox"/> Feedyard	12 Fertilizer storage	16 Other (specify below)

Direction from well? South How many feet? $\frac{1}{4}$ mile

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	25	Fine Sand, Small Clay Streaks			
25	65	Large to Medium Gravel, Loose			
65	82	Tan Sandy Clay			
82	125	Coarse Sand, Small Gravel			
125	162	Sandy Clay			
162	190	Sandy Clay, Fine Sand Streaks			
190	197	Coarse Sand, Small Gravel			
197	205	Sandy Clay, Sand Streaks			
205	236	Coarse Sand, Small Gravel, Small Clay			
236	260	Blue Shale			
	260	Total Depth			

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) ..11/17/92..... and this record is true to the best of my knowledge and belief. Kansas	
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Water Well Contractor's License No. 514 This Water Well Record was completed on (mo/day/yr) ..11/27/92..... under the business name of Miller Gearhead & Pump Repair, Inc. 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.