

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>Gray</u>		<u>NE 1/4 NE 1/4 NE 1/4</u>	<u>23</u>	T <u>26</u> S	R <u>18</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>From Cimarron, 2 miles south on 23 Hwy.</u>					
2 WATER WELL OWNER: <u>Gerald Kerr</u>					
RR#, St. Address, Box # :			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>194'</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft.			
		WELL'S STATIC WATER LEVEL <u>100'</u> 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 <u>978"</u> in. to _____ ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic      3 Feedlot      5 Public water supply      8 Air conditioning      11 Injection well 2 Irrigation      4 Industrial      6 Oil field water supply      9 Dewatering      12 Other (Specify below)			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> _____; If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <u>X</u> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel      3 RMP (SR)      5 Wrought iron      8 Concrete tile      CASING JOINTS: Glued <u>X</u> Clamped _____ 2 <u>PVC</u> 4 ABS      6 Asbestos-Cement      9 Other (specify below)      Welded _____ 7 Fiberglass      Threaded _____					
Blank casing diameter _____ in. to _____ 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. _____					
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel      3 Stainless steel      5 Fiberglass      7 <u>PVC</u> 10 Asbestos-cement 2 Brass      4 Galvanized steel      6 Concrete tile      8 RMP (SR)      11 Other (specify) _____ 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot      3 Mill slot      5 Gauzed wrapped      7 <u>Saw cut</u> 11 None (open hole) 2 Louvered shutter      4 Key punched      6 Wire wrapped      9 Drilled holes 10 Other (specify) _____					
SCREEN-PERFORATED INTERVALS: From <u>154'</u> ft. to <u>194'</u> ft., From _____ ft. to _____ ft.					
GRAVEL PACK INTERVALS: From <u>24'</u> ft. to <u>123'</u> ft., From _____ ft. to _____ ft.					
From <u>138'</u> ft. to <u>194'</u> ft., From _____ ft. to _____ ft.					
6 GROUT MATERIAL: 1 Neat cement      2 Cement grout      3 <u>Bentonite</u> 4 Other _____					
Grout Intervals: From <u>4'</u> ft. to <u>24'</u> ft., From <u>128'</u> ft. to <u>138'</u> 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 <u>Abandoned water well</u> 2 Sewer lines      5 Cess pool      8 Sewage lagoon      11 Fuel storage      15 Oil well/Gas well 3 Watertight sewer lines      6 Seepage pit      12 Fertilizer storage      16 Other (specify below) _____ 13 Insecticide storage					
Direction from well? <u>NW</u> How many feet? <u>12'</u>					
FROM		TO		LITHOLOGIC LOG	
FROM		TO		PLUGGING INTERVALS	
0	2			Topsoil (Sandy)	
2	50			med. coarse sand	
50	60			med. sand + caliche layers	
60	100			med. sand + brown clay layers	
100	128			med. sand + white rock	
128	150			Brown clay	
150	195			coarse sand + shale	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1) constructed</u> , (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-18-92</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>6-9-92</u> under the business name of <u>Jantzen Water Well Repair</u> by (signature) <u>[Signature]</u>					
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.					