

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: <u>Gray</u>	<u>NW 1/4 SW 1/4 NE 1/4</u>	<u>14</u>	T <u>26</u> S	R <u>28</u> E <u>W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>From Cimarron, 3/8 mile south on 17th Rd</u>					
2 WATER WELL OWNER: <u>Bob Unruh</u>					
RR#, St. Address, Box # : <u>P.O. Box 516</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 4 DEPTH OF COMPLETED WELL <u>150</u> ft. ELEVATION: <u>150</u> ft.					
AN "X" IN SECTION BOX:		Depth(s) Groundwater Encountered <u>1</u> ft. 2 <u>90</u> ft. 3 <u>5-23-04</u> ft.			
		WELL'S STATIC WATER LEVEL <u>90</u> ft. below land surface measured on mo/day/yr <u>5-23-04</u>			
		Pump test data: Well water was <u>1</u> ft. after <u>5-23-04</u> hours pumping <u>5-23-04</u> gpm			
		Est. Yield <u>1</u> gpm: Well water was <u>1</u> ft. after <u>5-23-04</u> hours pumping <u>5-23-04</u> gpm			
		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well			
		① Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well			
Was a chemical/bacteriological sample submitted to Department? Yes <u>No</u> <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	
② PVC		4 ABS		6 Asbestos-Cement	
				7 Fiberglass	
Blank casing diameter <u>5</u> in. to <u>130</u> ft., Dia <u>130</u> in. to <u>130</u> ft., Dia <u>130</u> in. to <u>130</u> ft.		8 Concrete tile			
Casing height above land surface <u>12</u> in., weight <u>12</u> lbs./ft. Wall thickness or gauge No. <u>50 & 21</u>		9 Other (specify below)			
TYPE OF SCREEN OR PERFORATION MATERIAL:					
1 Steel		3 Stainless Steel		5 Fiberglass	
2 Brass		4 Galvanized Steel		6 Concrete tile	
				7 Torch cut	
SCREEN OR PERFORATION OPENINGS ARE:		8 Saw cut			
1 Continuous slot		3 Mill slot		9 Drilled holes	
2 Louvered shutter		4 Key punched		10 Other (specify) <u>110</u> ft.	
				11 None (open hole)	
SCREEN-PERFORATED INTERVALS: From <u>130</u> ft. to <u>150</u> ft., From <u>130</u> ft. to <u>150</u> ft., From <u>130</u> ft. to <u>150</u> ft.					
GRAVEL PACK INTERVALS: From <u>24</u> ft. to <u>100</u> ft., From <u>110</u> ft. to <u>150</u> ft., From <u>110</u> ft. to <u>150</u> ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other					
Grout Intervals: From <u>4</u> ft. to <u>24</u> ft., From <u>100</u> ft. to <u>110</u> ft., From <u>110</u> ft. to <u>110</u> ft.					
What is the nearest source of possible contamination:					
1 Septic tank		4 Lateral lines		7 Pit privy	
2 Sewer lines		5 Cess pool		8 Sewage lagoon	
3 Watertight sewer lines		6 Seepage pit		9 Feedyard	
				10 Livestock pens	
				11 Fuel storage	
				12 Fertilizer storage	
				13 Insecticide storage	
				14 Abandoned water well	
				15 Oil well/Gas well	
				16 Other (specify below)	
Direction from well? <u>East</u> How many feet? <u>65</u>					
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
<u>0</u>	<u>2</u>	<u>Topsoil</u>			
<u>2</u>	<u>15</u>	<u>Coarse sand</u>			
<u>15</u>	<u>40</u>	<u>Brown sandy clay</u>			
<u>40</u>	<u>90</u>	<u>White rock</u>			
<u>90</u>	<u>110</u>	<u>Brown clay</u>			
<u>110</u>	<u>150</u>	<u>Med. sand</u>			
<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p>RECEIVED</p> <p>OCT 11 2004</p> <p>BUREAU OF WATER</p> </div>					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <u>(1)</u> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>5-23-04</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No <u>533</u> This Water Well Record was completed on (mo/day/yr) <u>10-6-04</u> under the business name of <u>Tan-Tan Water Well Repair</u> by (signature) <u>[Signature]</u>					
INSTRUCTIONS: Use typewriter or ballpoint 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					