

## WATER WELL RECORD

## Form WWC-5

Division of Water Resources; App. No. 

<b>1 LOCATION OF WATER WELL:</b> County: <u>Gray</u>		Fraction <u>SE 1/4 SE 1/4 NW 1/4</u>	Section Number <u>5</u>	Township Number <u>T 26 S</u>	Range Number <u>R 28 E/W</u>	
Distance and direction from nearest town or city street address of well if located within city? <u>from Cimarron, 2 1/2 miles west on Hwy. 50, then 3/4 mile north.</u>		Global Positioning Systems (decimal degrees, min. of 4 digits)				
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <u>P. O. Box 668</u> City, State, ZIP Code : <u>Cimarron, KS. 67835</u>		Latitude: _____ Longitude: _____ Elevation: _____ Datum: _____ Data Collection Method: _____				
<b>3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:</b>  		<b>4 DEPTH OF COMPLETED WELL</b> ..... <u>270</u> ..... ft.				
Depth(s) Groundwater Encountered (1) ..... ft. (2) ..... ft. (3) ..... ft. WELL'S STATIC WATER LEVEL ..... <u>148</u> ft. below land surface measured on mo/day/yr. <u>6/17/07</u>		Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm				
WELL WATER TO BE USED AS: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 7 Domestic (lawn & garden) <input type="checkbox"/> 8 Air conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring well <input type="checkbox"/> 11 Injection well <input type="checkbox"/> 12 Other (Specify below) <u>.....</u>						
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 ..... <u>.....</u>						
<b>5 TYPE OF CASING USED:</b> 1 Steel <input type="checkbox"/> PVC <input checked="" type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 4 ABS		5 Wrought Iron <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass <input checked="" type="checkbox"/> PVC	8 Concrete tile <input type="checkbox"/> 9 Other (specify below) <input type="checkbox"/> RM (SR)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded ..... <u>.....</u>		
Blank casing diameter ..... <u>5</u> in. to ..... <u>170</u> ft., Diameter ..... in. to ..... ft., Diameter ..... in. to ..... ft.		Casing height above land surface ..... <u>18</u> in., Weight ..... lbs./ft. Wall thickness or guage No. <u>SDR 17</u>				
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel <input type="checkbox"/> 2 Brass <input type="checkbox"/> 3 Stainless Steel <input type="checkbox"/> 4 Galvanized Steel <input type="checkbox"/> 5 Fiberglass <input type="checkbox"/> 6 Concrete tile <input type="checkbox"/> 7 Wire wrapped <input type="checkbox"/> 8 ABS <input type="checkbox"/> 9 RM (SR) <input type="checkbox"/> 10 Asbestos-Cement <input type="checkbox"/> 11 Other (Specify) <input type="checkbox"/> 12 None used (open hole) <input type="checkbox"/>						
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter <input type="checkbox"/> 3 Mill slot <input type="checkbox"/> 4 Key punched <input type="checkbox"/> 5 Guazed wrapped <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 7 Torch cut <input type="checkbox"/> 8 Saw Cut <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 10 Other (specify) <input type="checkbox"/>						
SCREEN-PERFORATED INTERVALS: From ..... <u>170</u> ft. to ..... <u>270</u> ft., From ..... ft. to ..... ft. to ..... ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft. to ..... ft.				
GRAVEL PACK INTERVALS: From ..... <u>20</u> ft. to ..... <u>120</u> ft., From ..... <u>125</u> ft. to ..... <u>270</u> ft.		From ..... ft. to ..... ft., From ..... ft. to ..... ft. to ..... ft.				
<b>6 GROUT MATERIAL:</b> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input type="checkbox"/> 3 Bentonite <input checked="" type="checkbox"/> 4 Other ..... Grout Intervals: From ..... <u>0</u> ft. to ..... <u>20</u> ft., From ..... <u>120</u> ft. to ..... <u>125</u> ft., From ..... ft. to ..... ft.						
What is the nearest source of possible contamination: 1 Septic tank <input type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 12 Fertilizer Storage <input type="checkbox"/> 13 Insecticide Storage <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 15 Oil well/gas well <input type="checkbox"/> <u>In Pasture</u> <input type="checkbox"/> 16 Other (specify below) <input type="checkbox"/>						
Direction from well? ..... How many feet? ..... <u>.....</u>						
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS	
<u>0</u>	<u>2</u>	<u>Topsoil</u>	<u>170</u>	<u>180</u>	<u>Course sand</u>	
<u>2</u>	<u>5</u>	<u>Sandrock</u>	<u>180</u>	<u>184</u>	<u>Sandrock</u>	
<u>5</u>	<u>40</u>	<u>Tan clay</u>	<u>184</u>	<u>194</u>	<u>Course sand</u>	
<u>40</u>	<u>45</u>	<u>Sandrock</u>	<u>194</u>	<u>206</u>	<u>Tan clay</u>	
<u>45</u>	<u>55</u>	<u>Tan Sandy clay</u>	<u>206</u>	<u>231</u>	<u>Course sand</u>	
<u>55</u>	<u>58</u>	<u>Sandrock</u>	<u>231</u>	<u>237</u>	<u>Tan clay</u>	
<u>58</u>	<u>121</u>	<u>Med. sand</u>	<u>237</u>	<u>243</u>	<u>Course sand</u>	
<u>121</u>	<u>125</u>	<u>Tan clay</u>	<u>243</u>	<u>248</u>	<u>Tan clay</u>	
<u>125</u>	<u>168</u>	<u>Med. sand</u>	<u>248</u>	<u>270</u>	<u>Course sand</u>	
<u>168</u>	<u>170</u>	<u>Tan sandy clay</u>	<u>270</u>	<u>275</u>	<u>Limestone - Shale</u>	
<b>7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:</b> This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ..... <u>6/17/07</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/year) ..... <u>6/25/07</u> under the business name of <u>Tantzen Water Well</u> by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well. Visit us at <a href="http://www.kdhe.state.ks.us/geo/waterwells">http://www.kdhe.state.ks.us/geo/waterwells</a> .						