

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No. _____

1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number				
County: Gray		SE ¼ NE ¼ NW ¼		11	T 26 S	R 28 (W)				
Distance and direction from nearest town or city street address of well if located within city? 402 West Avenue A, Cimarron, KS				Global Positioning System (decimal degrees, min. of 4 digits)						
2 WATER WELL OWNER: Jake Osborn				Latitude: _____						
RR#, St. Address, Box # : P.O. Box 492				Longitude: _____						
City, State, ZIP Code : Cimarron, KS 67835				Elevation: _____						
				Datum: _____						
				Data Collection Method: _____						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL <u>59'</u> ft.								
<div style="text-align: center;"> N <table border="1" style="width: 100px; height: 100px; border-collapse: collapse; margin: auto;"> <tr><td style="width: 50px; height: 50px;">NW</td><td style="width: 50px; height: 50px;">NE</td></tr> <tr><td style="width: 50px; height: 50px;">SW</td><td style="width: 50px; height: 50px;">SE</td></tr> </table> W E S </div>		NW	NE	SW	SE	Depth(s) Groundwater Encountered 1 <u>~47'</u> ft. 2 _____ ft. 3 _____ ft.				
		NW	NE							
		SW	SE							
		WELL'S STATIC WATER LEVEL <u>45.33</u> ft. below land surface measured on mo/day/yr <u>06/06/2007</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: 5 Public water supply 8 Air conditioning 11 Injection well										
1 Domestic 3 Feed lot 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 _____ No X ; If yes, mo/day/yr										
Sample was submitted _____ Water Well Disinfected? Yes _____ No X										
5 TYPE OF CASING USED:										
1 Steel		3 RMP (SR)		8 Concrete tile		CASING JOINTS: Glued _____ Clamped _____				
2 PVC		4 ABS		9 Other (specify below)		Welded _____				
		7 Fiberglass				Threaded X				
Blank casing diameter <u>2</u> in. to <u>59</u> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.										
Casing height below land surface <u>3.60</u> in., Weight _____ lbs./ft. Wall thickness or gauge No. Sch. 40 PVC										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel		3 Stainless steel		5 Fiberglass		7 PVC				
2 Brass		4 Galvanized steel		6 Concrete tile		8 RM (SR)				
				10 Asbestos-Cement		11 Other (specify) _____				
						12 None used (open hole)				
SCREEN OR PERFORATION OPENINGS ARE:										
1 Continuous slot		3 Mill slot		5 Guaze wrapped		7 Torch cut				
2 Louvered shutter		4 Key punched		6 Wire wrapped		8 Saw Cut				
						10 Other (specify) _____				
SCREEN-PERFORATED INTERVALS: From <u>39</u> ft. to <u>59</u> ft. From _____ ft. to _____ ft.										
GRAVEL PACK INTERVALS: From <u>36</u> ft. to <u>59</u> ft. From _____ ft. to _____ ft.										
FROM _____ ft. to _____ ft. FROM _____ ft. to _____ ft.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other _____										
Grout Intervals From <u>1</u> ft. to <u>36</u> 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				
2 Sewer lines		5 Cess pool		8 Sewage lagoon		11 Fuel storage				
3 Watertight sewer lines		6 Seepage pit		9 Feedyard		12 Fertilizer storage				
						13 Insecticide Storage				
						14 Abandoned water well				
						15 Oil well/ gas well				
						16 Other (specify below)				
						Lust Site				
Direction from well? _____ How many feet? _____										
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS				
0	0.5	Asphalt								
0.5	11.5	Clay								
11.5	18	Silt, very fine								
18	29	Clay								
29	38	Sand, fine to medium grained								
38	40	Sand, clay, some gravel & pebbles				MW20				
40	47	Gravel								
47	59	Sandy clay								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>04/05/2007</u> and this record is true to the best of my knowledge and belief.										
Kansas Water Well Contractor's License No. <u>594</u> . This Water Well Record was completed on (mo/day/year) <u>07/18/2007</u>										
under the business name of <u>Coranco Great Plains, Inc.</u> by (signature) _____										
INSTRUCTIONS: Please fill in blanks 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. Visit us at http://www.kdheks.gov/waterwell .										

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