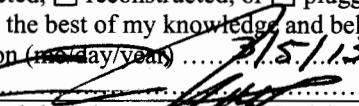


WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

| | | | | | | |
|--|------------|--|--|----------------------------|-------------------------------|---|
| 1 LOCATION OF WATER WELL: | | Fraction County: Gray 1/4 NW 1/4 SE 1/4 SW 1/4 | | Section Number 1 | Township No. T 26 S | Range Number R 28 E <input checked="" type="checkbox"/> W |
| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> From Intersection of Marie Dr. + Lerner Dr. 60' to north. | | | | | | |
| 2 WATER WELL OWNER: | | Mark Fugitt P.O. Box 1111 Cimarron, KS 67835 | | | | |
| 3 LOCATE WELL WITH AN "X" IN SECTION BOX: | | 4 DEPTH OF COMPLETED WELL 240 ft. Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL 123 ft. below land surface measured on mo/day/yr. 10/25/12 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 9 1/8 in. to 240 ft., and in. to ft. WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted..... Water well disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 5 TYPE OF CASING USED: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other CASING JOINTS: <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Clamped <input type="checkbox"/> Welded <input type="checkbox"/> Threaded Casing diameter 5 in. to 240 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 12 in., Weight lbs./ft., Wall thickness or gauge No. SDR 21 TYPE OF SCREEN OR PERFORATION MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Brass <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> None used (open hole) | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: <input type="checkbox"/> Continuous slot <input checked="" type="checkbox"/> Mill slot <input type="checkbox"/> Gauze wrapped <input type="checkbox"/> Torch cut <input type="checkbox"/> Drilled holes <input type="checkbox"/> None (open hole) <input type="checkbox"/> Louvered shutter <input type="checkbox"/> Key punched <input type="checkbox"/> Wire wrapped <input type="checkbox"/> Saw cut <input type="checkbox"/> Other (specify) SCREEN-PERFORATED INTERVALS: From 180 ft. to 240 ft., From ft. to ft. to ft. From ft. to ft., From ft. to ft. to ft. GRAVEL PACK INTERVALS: From 24 ft. to 240 ft., From ft. to ft. to ft. From ft. to ft., From ft. to ft. to ft. | | | | | | |
| 6 GROUT MATERIAL: <input type="checkbox"/> Neat cement <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other Grout Intervals: From 4 ft. to 24 ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: <input type="checkbox"/> Septic tank <input type="checkbox"/> Lateral lines <input type="checkbox"/> Pit privy <input type="checkbox"/> Livestock pens <input type="checkbox"/> Insecticide storage <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Sewer lines <input type="checkbox"/> Cesspool <input type="checkbox"/> Sewage lagoon <input type="checkbox"/> Fuel storage <input type="checkbox"/> Abandoned water well <input type="checkbox"/> Watertight sewer lines <input type="checkbox"/> Seepage pit <input type="checkbox"/> Feedyard <input type="checkbox"/> Fertilizer storage <input type="checkbox"/> Oil well/gas well Direction from well Distance from well | | | | | | |
| FROM | TO | LITHOLOGIC LOG | | FROM | TO | LITHO. LOG (cont.) or PLUGGING INTERVALS |
| 0 | 15 | Tan clay | | | | |
| 15 | 20 | Sand rock | | | | |
| 20 | 40 | Med. Sand | | | | |
| 40 | 158 | Tan Sandy clay + med. Sand | | | | |
| 158 | 166 | Tan clay | | | | |
| 166 | 180 | Course Sand | | | | |
| 180 | 181 | Tan clay | | | | |
| 181 | 240 | Course Sand | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, <input type="checkbox"/> reconstructed, or <input type="checkbox"/> plugged under my jurisdiction and was completed on (mo/day/year) 10/25/12 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 533 This Water Well Record was completed on (mo/day/year) 10/25/12 under the business name of Tan Tan Water Well by (signature)  | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66121-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html . | | | | | | |