WATER WELL RECORD Form WWC-5						on of Water		$\int_{\mathrm{Well}}$	_ L		and a product of the	
✓ Original Record ☐ Correction ☐ Change in Well Use						es App. No.	Township Nun		****	-a Mundae		
			Fraction SE1/4 SE1/4 SE1/4	NE1/4	NE <sup>1</sup> / <sub>4</sub> 26			R	28	ge Number	r	
2 WELL OWN		Street or Rural Address where well is located (if unknown, distance and										
Business:					direction from nearest town or intersection): If at owner's address, check here:							
Address: 1750												
Address: City: Cimarron State: KS ZIP: 67835									A A SANGE AND AND A SANGE AND	e kan alka miraka kan kan kan kan kan kan kan kan kan		
3 LOCATE WEI	505	f)	& Tatitud	e: 37.759	969	6	dacimal dagress	6)				
WITH "X" IN												
2) ft 3) ft or 4)					Dry Well Datum: DI WGS 84 FINAD 83 FINAL					AD 27	3)	
WELL'S STATIC WATER LEVEL:					- 1		or Latitude/Longitu		laund * **			
below land surface, measured on (mo-day					(r). 09/23/2013 GPS (unit make/model:						)	
above land surface, measured on (mo-day					r) (WAAS enabled? $\square$					))		
Pump test data: Well water was												
W		pm						•••				
SW SE	Well water was				m						-	
	Estimated Viold: 50 cmm					6 Elevation: 2001t. Z					$\mathbf{C}$	
S Bore Hole Diameter: 9 in. to 505					- 1	Source:	Land Survey	]GPS [	] To	pographic Ma	ıp	
1 mile			in. to	ft.		**************************************	Z Other KOLAR					
7 WELL WATER TO BE USED AS:												
1. Domestic:			ter Supply: well ID				Field Water Supply:				•	
	Household 6. Dewatering: how many wells?											
Livestock	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					12 Geothe	rmal: how many bo	res?	111041			
2.  Irrigation			al Remediation: well I				sed Loop   Horiza					
3. Feedlot		Air Sparge					n Loop Surface					
4. Industrial		Recovery				13. 🔲 Oth	er (specify):					
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:												
Water well disinfected? V Yes No												
CASING IOINTS: Fi Ghad Fi Clamped Fi Welded II Threaded												
Casing diameter 5 in to 505 ft., Diameter in to ft., Diameter in to ft.												
Casing diameter 5 in to 505 ft., Diameter in to ft., Diameter in to SDR17.  Casing height above land surface 12 in Weight 1bs./ft. Wall thickness or gauge No. SDR17.												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:												
Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)												
Louvered Shutter												
SCREEN-PERFORATED INTERVALS: From 360 ft. to 500 ft., From ft. to ft., From ft. to ft.												
			n 25 ft to 20									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 200 ft. to 210 ft., From 0 ft. to 25 ft., From ft. to ft.												
			ft., FromQ	. ft. to	25	. ft., From	ft. to	f	t.			
Nearest source of			Frank Shire Shire		r-1 T ::		. III.	cticide St	ora ca			
☐ Septic Tank ☐ Sewer Lines		] Lateral Line   Cess Pool	es			vestock Pen iel Storage		ndoned W		Well		
	wer Lines			agoon		rtilizer Stor		Well/Gas		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Other (Specif	/)		******	* > + + + + +								
Direction from wel	vell? ft.											
10 FROM TO		LITHOLO	GIC LOG	FROM			JTHO. LOG (cont.				<u>LS</u>	
0 20	Fine Sand			360 380			ray Sandstone '	/v/ Gray	Clay	<u>/ Layers</u>	******	
20 40		ine Med Sand										
40 100	and the last of the court of the transfer of the state of	Fine Med Sand w/Med gravel					ran Sandstone			ranconglisha entere with a describe the state of esti-	simal/origin	
100 140		ine Sand, Large Gravel				CONTRACTOR OF THE PARTY OF THE	ed Sandstone			rannango haradikaan mah-rinada conomingsa mpam	-mbyboyómi	
140 190		Fine- Med Sand w/ Tan Clay Layers					Gray Sandstone					
190 280	Blue Shale					490   520   Gray Clay						
280 300		Blue Shale w/Soft Rock Layers				Notes:						
300 340 Blue Shale												
340 360 Blue Shale w/ Sandstone Layers 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was  constructed,  reconstructed, or plugged												
under my jurisdiction and was completed on (mo-day-year) 09/23/2013 and this record is true to the best of my knowledge and belief.												
under my jurisdiction and was completed on (mo-day-year) .09/23/2013 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 846 This Water Well Record was completed on (mo-day-year) .10/07/2013												
under the business name of Nash Water Well Service, LLC  Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.												
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.  KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.												
	Health and Environme vw.kdheks.gov/watery			IOOO SW Jack	son St	, outc 420, l	opera, Kansas 00012	1501. 101	K!	SA 82a-1212	2	
visit us at mup.///v	TO A CARLEY OF THE PROPERTY OF	cviculica (IIII)	f.			***********************					-	