County:	Gray	Fraction:	NE NW	Sec	9	_ T	26	_s	R	28	
CORRECT	ION(S) to WATER WE	ELL COMPLETIO	N RECORD	Form WWC	C -5 (to	rectify	lacking	<u>z or in</u>	correc	et infor	mation)
Owner: Er	nie Massoth										
If location c	orrected, was listed as:	Location changed to:									
Section-Township-Range: 8-26-28W				9-26-28W							
Fraction (¼ calls):				NW NE							
Other changes: Initial statements:											
Changed to: Comments:											
Verification method: Information given by KGS Geohydrologist and KGS mapper											
Submitted by	: 🔳 Kansas Geologica		ources Library,	1930 Constan	t Ave., I		e, KS 6	66047	7-3724		
Kansas Dept. of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367											
		·····	······ · · · · · · · · · · · · · · · ·							(rev 01	/26/2018)

				D' ' ' (11					
WATER WELL REC		Form W	WC-5		ater Resources App. No.				
1 LOCATION OF WAT				Section Numbe					
County: Gra- Street/Rural Address o	Wall Leastions	1/4 NW1/4 NU	$\frac{0.74}{100}$ $\frac{0.74}{100}$	-	ing System (GPS)				
	,	,				(in decimal degrees)			
from nearest town or in						(in decimal degrees)			
From Cimarro	$\sim \sim ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~$	es west on Rive	rvd.						
		Elevation: Datum: 🔲 WGS 84, 🔲 NAD 83, 🔲 NAD 27							
2 WATER WELL OW	NER: Ernie	massoth		Collection Method:					
RR#, Street Address, H	Jox 27	GPS unit (Make/Model:)							
City, State, ZIP Code	•	vron, Ks. 678	Dee	🗌 Digital Maj	p/Photo, 🗌 Topograp	hic Map, 🗌 Land Survey			
	Cima	wron, NS. 618	22	Est. Accuracy:	_] <3 m,	5-15 m,>15 m			
3 LOCATE WELL	A DEDTH OF	COMPLETED WEL	т /	751	ft				
WITH AN "X" IN SECTION BOX:	4 DEPIHOF	dwater Encountered	L	ff (2)	ft.	(3) ft.			
N	WELL'S STAT		(1)	below land surface	ce measured on mo	/day/yr			
[WELL SSIAI	test data: Well wate		ft after	hours put	mping gpm			
	EST VIELD	onm Well wate	er was	ft. after	hours pu	mping gpm			
NWNE W	Bore Hole Dian	neter	175 f	t and	in. to	ft.			
W E	WELL WATER	TO BE USED AS:	Public wat	er supply	Geothermal	Injection well			
	X Domestic	\Box Feedlot \Box	Oil field wate	$r supply \square$	Dewatering	Other (Specify below)			
SWSE	Irrigation		Domestic-lay	vn & garden 🔲	Monitoring well				
		/bacteriological sample							
s	If yes, mo	/day/yr sample was sul	bmitted	1					
1 mile		nfected? 🔀 Yes 🗌							
5 TYPE OF CASING U	SED: Stee		Other			······································			
CASING JOINTS:									
Casing diameter	S in to	ft. Diameter	in	to ft.	Diameter	in. to ft.			
Casing height above lat	nd surface	12 in Weight	t	lbs./ft., Wall	thickness or gauge	No. SOR21			
TYPE OF SCREEN OR					0 0				
□ Steel □ Stai	nless Steel	X PVC		Other (Specify)					
🗌 Brass 🔲 Gal	vanized Steel	None used (open h	nole)						
SCREEN OR PERFORA	TION OPENING	GS ARE:			_				
Continuous slot	Mill slot	Gauze wrapped	Torch cut	Drilled holes	None (open h	ole)			
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) ft. to									
SCREEN-PERFORATE	UINTERVALS:	From	ft. to	۲۱۵۱ ۲۱۰۰ .د.	n i m f	t. to ft.			
GRAVEL PACE		From 20	ft to	75 ft From	m f	ì. to ft.			
GIGAVEETACI	CINTERVALS.					τ. to ft.			
6 GROUT MATERIAL	: 🗌 Neat cem								
Grout Intervals: From		o. 10 ft., Fror	n	ft. to	ft., From	ft. toft.			
What is the nearest source	of possible cont	amination:							
Septic tank		nes 🔲 Pit privy	Livestock j	pens 🗌 Insect	cide storage 🛛 🗌 C	Other (specify below)			
Sewer lines	Cesspool Cesspool		Fuel storag		oned water well	T Patro			
Watertight sewer li		pit 🛄 Feedyard	Fertilizer s	0		In Pasture			
Direction from well									
FROM TO	LITHOLOG	JIC LOG	FROM			LUGGING INTERVALS			
	1 clay		145	175 MC	1. Said				
50 62 Co		+ Tan chy							
	un clay								
	own Sandy	chy							
	d-Sand								
	wn Sandy C								
	use to me								
	c to med.	Saild							
	win clay								
137 145 Fir	ve sand								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, X reconstructed, or plugged									
under my jurisdiction and was completed on (mo/day/year)									
Kansas Water Well Contractor's License No									
under the business name	of Jan to	con Water 1	Dell.	by (signature)	lank	That anothers Cand three aprice			
(white hlue pink) to Kanaga	riter or ball point pe Department of Healt	n. <u>PLEASE PRESS FIRM</u> h and Environment Bureau	<u>of Water Geol</u>	early. Please fill in to ory Section, 1000 S	W Jackson St. Suite 42	rect answers. Send three copies 0, Topeka, Kansas 66612-1367.			
Telephone 785-296-5524. Se	(white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. 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/waterw									