	WELL R		orm WWC			ision of Wate	I .]			
	Record		Change in We			urces App. N		Well ID			
	LOCATION OF WATER WELL: Fraction					Section Number Township Number Range Number					
County: Gray NE¼ NE¼ SW¼						12 T 26 S R 28 🗆 E 🗾 W					
						treet or Rural Address where well is located (if unknown, distance and					
Business: di Address: 702 Avenue A						rection from nearest town or intersection): If at owner's address, check here:					
Address:	702 Avenu	e A									
City:	Cimarron	Stat	e: KS ZIP:	67835							
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:											
WITH "		Depth(s) Group	dwater Encount	tered: 1)12		ft. Longitude: 100.338581 (decimal degrees)					
SECTIO				ft., or 4)		ory Well Datum: ☑ WGS 84 ☐ NAD 83 ☐ NAD 27					
N	WELL'S STATIC WATER LEVEL: 102.					Source	for Latitude/Longitud		IAD 21		
│					_{r).} 06/01/201	06/01/2015 GPS (unit make/model:)					
)K W	above land surface, measured on (mo-day-yr					(WAAS enabled? Yes No)					
	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map					
W	E afterhours pumpinggg Well water wasft.					m Online Mapper:					
SW	SWSE after hours pumping gr						0004				
	Estimated Yield: 40 gnm					6 Elevation:					
	S Bore Hole Diameter:9 in. to240					Source	: Land Survey	GPS To	pographic Map		
	1 mile in. to ft.						t. Other KOLAR				
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Dublic Water Supply: well ID											
	☐ Household 6. ☐ Dewatering: how many wells? ✓ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
	 Z Lawn & Garden Z Livestock Z Livestock Monitoring: well ID 					_	ermal: how many bore				
_	2. ☐ Irrigation 9. Environmental Remediation: well ID.						osed Loop Horizon				
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ext					b) O _l	oen Loop 🔲 Surface D	ischarge 🔲	Inj. of Water		
4. ☐ Industrial ☐ Recovery ☐ Injection 13. ☐ Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
337 11 12-1 C + 10 Phys Phys											
8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other											
Casing diameter											
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other ☐ CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded Casing diameter 5 in. to 240 ft., Diameter in. to ft., Diameter in. to in. to ft. Casing height above land surface 12 in. Weight Ibs./ft. Wall thickness or gauge No. SDR17 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 □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From16											
GRAVEL PACK INTERVALS: From 20 ft. to 240 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Dentonite Other											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Nearest source of possible contamination:											
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well											
□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well											
☐ Other (Specify)											
Direction from well? West Distance from well?											
10 FROM	ТО	LIT	HOLOGIC LO		FROM	TO	LITHO. LOG (cont.)		G INTERVALS		
0		Top Soil, Fine Sa			230	240	Blue Shale				
20		Fine Sand Brov									
35		Fine Coarse Sa									
60		ine Coarse Sand Small Gravel									
70	80	an/White Clay w/fine sand streaks									
80	100	an Clay w/ fine Med Sand Streaks							-		
100		Fine Med Sand		Notes:							
180 220 Fine Coarse Sand w/small large Gravel											
220 230 Fine Coarse Sand w/tan clay							7	oongt-rete 1	or Daluesed		
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was completed on (mo.day.year) 06/01/2015 and this record is true								onstructed, my knowled	or prugged		
under my jurisdiction and was completed on (mo-day-year) .06/01/2015 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) .08/07/2015											
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 <u>constructed</u> 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.											
				eology Section, 10	00 SW Jackson	St., Suite 420,	Topeka, Kansas 66612-1	367. Telephon	e /85-296-3565.		
Visit us at h	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212										