

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <b>GRAY</b>		1/4 1/4 <b>SW</b> 1/4		<b>28</b>		T <b>25</b> S		R <b>27</b> E/W	
Distance and direction from nearest town or city street address of well if located within city? <b>2 M NORTH OF CIMMARON HWY 3 1/2 MILE EAST NORTH SIDE</b>									
2 WATER WELL OWNER: <b>DALLAS KOEHN</b> RR#, St. Address, Box # : <b>CIMMARRON, KS.</b> City, State, ZIP Code : _____ Board of Agriculture, Division of Water Resources Application Number: _____									
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <b>252</b> ft. ELEVATION: _____							
		Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <b>142</b> ft. below land surface measured on mo/day/yr <b>10/24/84</b> 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 <b>9.7/8</b> in. to <b>280</b> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____							
		5 TYPE OF BLANK CASING USED:							
		1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded _____ 7 Fiberglass Threaded _____ Blank casing diameter <b>5</b> in. to <b>219</b> ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft. Casing height above land surface <b>12</b> in., weight <b>200</b> lbs./ft. Wall thickness or gauge No. _____							
		TYPE OF SCREEN OR PERFORATION MATERIAL: <input checked="" type="checkbox"/> PVC 10 Asbestos-cement 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) _____ 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) _____							
SCREEN-PERFORATED INTERVALS: From <b>219</b> ft. to <b>252</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <b>100</b> ft. to <b>252</b> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
6 GROUT MATERIAL: 1 Neat cement 2 <input checked="" type="checkbox"/> Cement grout 3 Bentonite 4 Other _____									
Grout Intervals: From <b>4</b> ft. to <b>20</b> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.									
What is the nearest source of possible contamination:									
<input checked="" type="checkbox"/> 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____									
Direction from well? <b>west</b> How many feet? <b>100</b>									
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG				
0	10	TOP SOIL							
10	85	BROWN SANDY CLAY							
85	101	ROCK AND CLAY							
101	115	ROCK AND FINE SAND							
115	146	FINE TO MED SAND AND GARVEL							
146	169	BROWN SANDY CLAY							
169	175	FINE TO MED SAND AND GRAVEL							
175	206	BROWN SANDY CLAY							
206	235	FINE TO MED SAND AND GRAVEL							
235	245	BROWN SANDY CLAY							
245	252	FINE TO MED SAND AND GRAVEL							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was <input checked="" type="checkbox"/> constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <b>10/24/84</b> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>172</b> This Water Well Record was completed on (mo/day/yr) <b>6/85</b> under the business name of <b>JONAGAN DR LLING CO.</b> by (signature)									
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.									

OFFICE USE ONLY

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