

1 LOCATION OF WATER WELL:		Fraction County: <i>Gray</i>	SW $\frac{1}{4}$	SW $\frac{1}{4}$	SW $\frac{1}{4}$	Section Number 28	Township Number T 25 S	Range Number R 27 E
Distance and direction from nearest town or city street address of well if located within city? <i>From Cimarron, 1/4 mile north on Hwy. 23, 2 1/4 miles east, then 1 mile north.</i>								
2 WATER WELL OWNER:		Dallas Koehn						
RR#, St. Address, Box #:		HC 3						
City, State, ZIP Code:		Cimarron, KS 67835						
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ... <b>198'</b> ft. ELEVATION: ..... Depth(s) Groundwater Encountered 1. .... ft. 2. .... ft. 3. .... ft. WELL'S STATIC WATER LEVEL ... <b>145'</b> ft. below land surface measured on mo/day/yr ... <b>9-4-94</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>1 1/4</b> in. to ..... 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 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ..... No <b>X</b> ..... If yes, mo/day/yr sample was submitted Water Well Disinfected? Yes <b>X</b> No						
5 TYPE OF BLANK CASING USED:		1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued ..... Clamped .....		
		2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded .....		
				7 Fiberglass	Threaded .....			
Blank casing diameter		<b>5"</b>		in. to ..... ft., Dia ..... in. to ..... ft., Dia ..... in. to ..... ft.				
Casing height above land surface		<b>0</b>		in., weight .....	lbs./ft. Wall thickness or gauge No. ....			
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel		3 Stainless steel		5 Fiberglass	7 PVC	10 Asbestos-cement		
2 Brass		4 Galvanized steel		6 Concrete tile	8 RMP (SR)	11 Other (specify) ... <b>NA</b> .....		
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped		9 ABS	12 None used (open hole)	13 None (open hole)		
1 Continuous slot		3 Mill slot		6 Wire wrapped	8 Saw cut	14 Abandoned water well		
2 Louvered shutter		4 Key punched		7 Torch cut	9 Drilled holes	15 Oil well/Gas well		
SCREEN-PERFORATED INTERVALS:		From ..... ft. to ..... ft.		From ..... ft. to ..... ft.	From ..... ft. to ..... ft.	16 Other (specify below)		
GRAVEL PACK INTERVALS:		From ..... <b>145'</b> ft. to ..... <b>198'</b> ft.		From ..... ft. to ..... ft.	From ..... ft. to ..... ft.			
From ..... ft. to ..... ft.		From ..... ft. to ..... ft.		From ..... ft. to ..... ft.	From ..... ft. to ..... ft.			
6 GROUT MATERIAL:		1 Neat cement	2 Cement grout	3 Bentonite	4 Other			
Grout Intervals:		From ..... <b>3'</b> ft. to ..... <b>20'</b> ft.	From ..... ft. to ..... ft.	From ..... ft. to ..... ft.	From ..... ft. to ..... ft.			
What is the nearest source of possible contamination:								
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)		
9 Feedyard		13 Insecticide storage						
Direction from well?		<b>east</b>						
		How many feet? <b>40'</b>						
FROM	TO	LITHOLOGIC LOG			FROM	TO	PLUGGING INTERVALS	
					<b>3</b>	<b>20</b>	<i>Bentonite chips</i>	
					<b>20</b>	<b>145</b>	<i>Sub Soil</i>	
					<b>145</b>	<b>198</b>	<i>Chlorinated sand</i>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) ... <b>9-4-94</b> ..... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <b>S33</b> ..... This Water Well Record was completed on (mo/day/yr) ... <b>9-3-94</b> ..... under the business name of <i>Jantzen Water Well Repair</i> ..... by (signature) <i>[Signature]</i>								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send two copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.								