

**Form WWC-5**

KSA 82a-1212

ID No

1 LOCATION OF WATER WELL:	Fraction County: <b>Gray</b>	SE $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$	Section Number 1	Township Number T 26 S	Range Number R 08 E																
Distance and direction from nearest town or city street address of well if located within city?																					
2 WATER WELL OWNER:	Lyndon Kochn																				
RR#, St. Address, Box #	13106 18 rd.																				
City, State, ZIP Code	Cimarron, KS 67835																				
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL ..... 155 ft. ELEVATION: .....																			
<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">N</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">--NW--</td> <td style="text-align: center;">NE--</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td style="text-align: center;">--SW--</td> <td style="text-align: center;">SE--</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">S</td> <td></td> </tr> </table>		N				--NW--	NE--	W	E	X		--SW--	SE--			S		Depth(s) Groundwater Encountered 1 ft. 2 ..... ft. 3 ..... ft. WELL'S STATIC WATER LEVEL ..... 148 ft. below land surface measured on mo/day/yr ..... 10-18-02 Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm 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 Domestic (lawn & garden) 10 Monitoring 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			
N																					
--NW--	NE--																				
W	E																				
X																					
--SW--	SE--																				
S																					
5 TYPE OF BLANK CASING USED:		5 Wrought iron 1 Steel <input checked="" type="checkbox"/> PVC	6 Asbestos-Cement 3 RMP (SR) 4 ABS	8 Concrete tile 9 Other (specify below)	CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped ..... Welded ..... Threaded .....																
Blank casing diameter		5 in. to <b>5</b>	15 ft., Dia <b>15</b>	in. to ..... ft., Dia ..... in. to ..... ft.	in. to ..... ft.																
Casing height above land surface		12 in., weight	7 VC 8 RMP (SR)	10 Asbestos-Cement 11 Other (Specify) 12 None used (open hole)	50.21 lbs./ft. Wall thickness or guage No. <b>50.21</b>																
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 Fiberglass 1 Steel 2 Brass	6 Concrete tile 3 Stainless Steel 4 Galvanized Steel	5 Guazed wrapped 6 Wire wrapped 7 Torch cut	8 Saw cut 9 Drilled holes 10 Other (specify) 11 None (open hole)																
SCREEN OR PERFORATION OPENINGS ARE:		1 Continuous slot 2 Louvered shutter	3 Mill slot 4 Key punched	2.5 ft. to ..... 15 ft.	ft. to ..... ft.																
SCREEN-PERFORATED INTERVALS:		From ..... <b>215</b>	ft. to ..... <b>255</b>	ft., From ..... ft. to ..... ft.	ft.																
GRAVEL PACK INTERVALS:		From ..... <b>24</b>	ft. to ..... <b>140</b>	ft., From ..... <b>150</b> ft. to ..... <b>255</b>	ft.																
GROUT MATERIAL:		1 Neat cement Grout Intervals: From ..... <b>4</b> ft. to ..... <b>14</b>	2 Cement grout From ..... <b>140</b> ft. to ..... <b>150</b>	3 Bentonite ft., From ..... <b>150</b> ft. to ..... <b>150</b> ft., From ..... ft. to ..... ft.	4 Other ..... 10 Livestock pens 11 Fuel storage 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)																
What is the nearest source of possible contamination:		1 Septic tank 2 Sewer lines <input checked="" type="checkbox"/> Watertight sewer lines	4 Lateral lines 5 Cess pool 6 Seepage pit	7 Pit privy 8 Sewage lagoon 9 Feedyard	How many feet? <b>55</b>																
Direction from well?		<b>South</b>																			
FROM	TO	LITHOLOGIC LOG		FROM	TO	PLUGGING INTERVALS															
0	1	Topsoil																			
1	30	Brown clay & caliche																			
30	50	Caliche																			
50	90	Course sand & sandrock ledges																			
90	122	Course sand + brown clay layers																			
122	142	Course sand																			
142	152	Brown clay																			
152	161	Med. sand & white rock ledges																			
161	195	Med. sand																			
195	251	Course sand																			
251	255	Yellow clay, limestone, shale																			

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) 10-18-02 and this record is true to the best of my knowledge and belief. Kansas

This Water Well Record was completed on (mo/day/yr) 1/11/02

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

INSURANCES: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY and PRINT clearly.** Please initial in blanks; underline or circle the correct answers. Send top three copies to: Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records.

records. Fee of \$5.00 for each constructed well.