

1 LOCATION OF WATER WELL:		Fraction County: <i>Gray</i>	SW $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$	Section Number T 22	Township Number 27 S	Range Number R 28 E																																																									
Distance and direction from nearest town or city street address of well if located within city? <i>from Starlight in Cimarron, Smiths south, 1/2 miles west, and 1/2 mile south</i>																																																															
2 WATER WELL OWNER:		<i>Pete Koch</i>		Board of Agriculture, Division of Water Resources																																																											
RR#, St. Address, Box #:		P.O. Box 86		Application Number: <i>20315 and 33082</i>																																																											
City, State, ZIP Code:		Cimarron, KS 68335																																																													
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td colspan="2"></td><td colspan="2">4 DEPTH OF COMPLETED WELL: 240' ft. ELEVATION: .....</td></tr> <tr><td colspan="2"></td><td colspan="2">Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.</td></tr> <tr><td colspan="2"></td><td colspan="5">WELL'S STATIC WATER LEVEL 131' ft. below land surface measured on mo/day/yr 4-20-93</td></tr> <tr><td colspan="2"></td><td colspan="5">Pump test data: Well water was ..... ft. after ..... hours pumping ..... gpm</td></tr> <tr><td colspan="2"></td><td colspan="5">Est. Yield ..... gpm: Well water was ..... ft. after ..... hours pumping ..... gpm</td></tr> <tr><td colspan="2"></td><td colspan="5">Bore Hole Diameter ..... in. to ..... ft., and ..... in. to ..... ft.</td></tr> <tr><td colspan="2"></td><td colspan="5">WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well</td></tr> <tr><td colspan="2"></td><td colspan="5">1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)</td></tr> <tr><td colspan="2"></td><td colspan="5">2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well</td></tr> </table>							4 DEPTH OF COMPLETED WELL: 240' ft. ELEVATION: .....				Depth(s) Groundwater Encountered 1. ft. 2. ft. 3. ft.				WELL'S STATIC WATER LEVEL 131' ft. below land surface measured on mo/day/yr 4-20-93							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 ..... 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				
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		Was a chemical/bacteriological sample submitted to Department? Yes ..... No ..... If yes, mo/day/yr sample was submitted																																																													
		Water Well Disinfected? Yes ..... No																																																													
5 TYPE OF BLANK CASING USED:		5 Wrought iron <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 PVC	8 Concrete tile <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 7 Fiberglass	CASING JOINTS: Glued ..... Clamped ..... <input type="checkbox"/> Welded ..... <input type="checkbox"/> Threaded .....																																																											
Blank casing diameter		16 in. to	ft., Dia.	in. to	ft., Dia.	in. to ft.																																																									
Casing height above land surface		..... in., weight	..... lbs./ft.	Wall thickness or gauge No.																																																											
TYPE OF SCREEN OR PERFORATION MATERIAL:		7 PVC <input checked="" type="checkbox"/> 1 Steel <input type="checkbox"/> 2 Brass	10 Asbestos-cement <input type="checkbox"/> 8 RMP (SR) <input type="checkbox"/> 9 ABS	11 Other (specify) ..... <input type="checkbox"/> 12 None used (open hole)																																																											
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauzed wrapped <input type="checkbox"/> 1 Continuous slot <input type="checkbox"/> 2 Louvered shutter	8 Saw cut <input type="checkbox"/> 6 Wire wrapped <input type="checkbox"/> 4 Key punched	11 None (open hole) <input type="checkbox"/> 9 Drilled holes <input type="checkbox"/> 7 Torch cut																																																											
SCREEN-PERFORATED INTERVALS:		From ..... ft. to ..... ft.	From ..... ft. to ..... ft.	From ..... ft. to ..... ft.																																																											
GRAVEL PACK INTERVALS:		From ..... ft. to ..... ft.	From ..... ft. to ..... ft.	From ..... ft. to ..... ft.																																																											
6 GROUT MATERIAL:		1 Neat cement Grout Intervals: From ..... ft. to ..... ft.	2 Cement grout From ..... ft. to ..... ft.	3 Bentonite ft. to ..... 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 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard																																																															
Direction from well? How many feet?																																																															
FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS																																																										
			240'	131'	<i>Chlorinated sand</i>																																																										
			131'	6'	<i>Subsoil</i>																																																										
			6'	3'	<i>Bentonite chips</i>																																																										
					<i>Cement cap over torchhole</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) <i>4-20-93</i> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <i>533</i> This Water Well Record was completed on (mo/day/yr) <i>5-14-93</i> under the business name of <i>Tanzen water well repair</i> by (signature) <i>Ed Tanzen</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 top three 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.																																																															