

USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment (Water well Contractors)  
Topeka, Kansas 66620

1. Location of well:	County <b>Gray</b>	Fraction <b>NW 1/4 NW 1/4 NE 1/4</b>	Section number <b>17</b>	Township number <b>T 24 S</b>	Range number <b>R 27 W E 1/4</b>
2. Distance and direction from nearest town or city: <b>11 north &amp; 2 1/2 east of Cimarron, Ks.</b>			3. Owner of well: <b>Arlen Dick</b>		
Street address of well location if in city:			R.R. or street: <b>R. R.</b>		
			City, state, zip code: <b>Buhler, Kansas 67522</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9 7/8</b> in. Completion date _____ Well depth <b>140</b> ft. <b>4/21/78</b>	
				7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <b>PVC</b> Height: Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <b>2.8</b> lbs./ft. Dia. <b>5</b> in. to <b>140</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>.265</b>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <b>Jess &amp; Lowell</b>	
<b>Top soil</b>		<b>0</b>	<b>4</b>	Type <b>PVC</b> Dia. <b>5"</b>	
<b>Clay</b>		<b>4</b>	<b>21</b>	Slot/gauge <b>fine</b> Length <b>40'</b>	
<b>Sandy clay &amp; limestone</b>		<b>21</b>	<b>43</b>	Set between <b>100</b> ft. and <b>140</b> ft. _____ ft. and _____ ft.	
<b>Fine to med. sand with limestone</b>		<b>43</b>	<b>132</b>	Gravel pack? <b>Yes</b> Size range of material <b>1/64-5/32</b>	
<b>Black shale</b>		<b>132</b>	<b>140</b>	11. Static water level: _____ mo./day/yr. <b>66</b> ft. below land surface Date <b>4/11/78</b>	
				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>24</b> inches above grade	
				15. Well grouted? <b>Yes</b> With: <input checked="" type="checkbox"/> Neat cement _____ Bentonite _____ Concrete _____ Depth: From <b>0</b> ft. to <b>10</b> ft.	
				16. Nearest source of possible contamination: <b>NONE</b> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <b>Aermotor</b> Model number <b>SD12</b> HP <b>3/4</b> Volts <b>220</b> Length of drop pipe <b>126</b> ft. capacity <b>10</b> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine <input type="checkbox"/> Jet _____ Reciprocating <input type="checkbox"/> Centrifugal _____ Other _____	
		(Use a second sheet if needed)			
18. Elevation:	19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Friesen Windmill</b> <b>252</b> Business name License No. Address <b>Meade, Kansas 67864</b> Signed <i>[Signature]</i> Date _____ Authorized representative		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5