

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 Gray	Fraction NE 1/4 NE 1/4 NE 1/4	Section number 32	Township number T 24 S R 27	Range number 27
2. Distance and direction from nearest town or city: Jct. K-23 & Pole-line Rd. north of Cimarron, go 3 South			3. Owner of well: Tim Dewey		
Street address of well location if in city: 2 1/2 East, 1 North & 1/2 East			R.R. or street: R. R.		
City, state, zip code: Cimarron, KS 67835					
4. Locate with "X" in section below:		Sketch map:			
		330' West of NE corner of NE 1/4, Sec. 32, T24S, R27W, Gray County, Kansas.			
5. Type and color of material		From	To	6. Bore hole dia. <u>28</u> in. Completion date _____ Well depth <u>150</u> ft. <u>12-30-78</u>	
Top soil		0	4	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
Tan clay, sand streaks		4	36	8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
Fine to coarse sand, clay streaks		36	66	9. Casing: Material <u>Stl</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight <u>37</u> lbs./ft. Dia. <u>16</u> in. to <u>94</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.219</u>	
Sandy clay		66	76	10. Screen: Manufacturer's name <u>Foster, Cook</u> <input checked="" type="checkbox"/> Doerr <u>M/S, W/W, Louver</u> <u>16"</u> Slot/gauze <u>1/8"</u> Length <u>56</u> Set between <u>94</u> ft. and <u>150</u> ft. _____ ft. and _____ ft. Gravel pack? <u>Yes</u> Size range of material <u>3.8 mm</u>	
Caliche		76	80	11. Static water level: _____ mo./day/yr. <u>76</u> ft. below land surface Date <u>12-1-78</u>	
Sandy clay		80	94	12. Pumping level below land surfaces: <u>124</u> ft. after <u>1</u> hrs. pumping <u>1100</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>1100</u> g.p.m.	
Fine to coarse sand, medium gravel, loose		94	150	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Tan clay		150	154	14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> Inches above grade	
Black shale		154	160	15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				16. Nearest source of possible contamination <u>Unknown</u> ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				17. Pump: _____ Not installed Manufacturer's name <u>Layne & Bowler</u> Model number <u>12KL</u> HP <u>50</u> Volts _____ Length of drop pipe <u>140</u> ft. capacity <u>850</u> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> 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.		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley			Layne-Western Co., Inc. 102 Business name License No. Address Garden City, KS 67846 Signed <u>[Signature]</u> Date <u>Feb 14 78</u> Authorized representative		

T 24 S R 27
 E 32
 W 1/4 NE 1/4 NE 1/4

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

Form WWC-5