

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 SW 1/4	Section number 30	Township number T 25 S R 27 E/W	Range number
2. Distance and direction from nearest town or city: 2 miles north 1 mile east, 1/2 mile north and 1/2 mile east of Cimarron, Kansas.			3. Owner of well: Carl Yeager R.R. or street: R.R. 2 City, state, zip code: Dodge City, Kansas		
4. Locate with "X" in section below: Sketch map:			6. Bore hole dia. 28 in. Completion date _____ Well depth 264 ft. 2/18/77		
<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> </div> <div> <p>650' S of NE corner of the SW 1/4, Sec. 30, T25S, R27W, Gray County, Kansas.</p> </div> </div>			7. 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		
			8. Use: Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> <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 <input type="checkbox"/>		
5. Type and color of material			9. Casing: Material stl Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight 37 lbs./ft. Dia. 16 in. to 142 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. 219		
			10. Screen: Manufacturer's name Foster, Cook, Doerr Type millslot, wv Dia. 16" Slot/gauze 1/8" Length 122' Set between 142 ft. and 264 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 3.0mm		
			11. Static water level: _____ mo./day/yr. 145 ft. below land surface Date 11/15/76		
			12. Pumping level below land surfaces: 196 ft. after 1/2 hrs. pumping 408 g.p.m. 242 ft. after 1 hrs. pumping 408 g.p.m. Estimated maximum yield 450 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: Pitless adapter <input type="checkbox"/> <input checked="" type="checkbox"/> Inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Depth: From 0 ft. to 10 ft.		
			16. Nearest source of possible contamination: unk ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump: _____ Not installed Manufacturer's name Layne & Bowler Model number 10 KH HP _____ Volts _____ Length of drop pipe 250 ft. capacity 450 g.p.m. Type: Submersible <input type="checkbox"/> Turbine <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other <input type="checkbox"/>		
			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. Layne-Western Co., Inc. 102 Business name License No. _____ Address Garden City, Kansas Signed R. L. Vincent Date 12 Feb 77 Authorized representative		
18. Elevation:		19. Remarks: cont.			
Topography: Hill _____ Slope _____ <input checked="" type="checkbox"/> Upland _____ Valley _____					

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

Form WWC-5

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Page 2

County		Fraction		Section number		Township number		Range number	
1. Location of well:		1/4 1/4 1/4				T S		R E/W	
2. Distance and direction from nearest town or city:					3. Owner of well:				
Street address of well location if in city:					R.R. or street:				
					City, state, zip code:				
4. Locate well in section below:					Sketch map:				
<div style="text-align: center;"> </div>									
5. Type and color of material					From		To		6. Bore hole dia. _____ in. Completion date _____
									Well depth _____ ft.
Fine sand, clay streaks					220		253		7. _____ Cable tool _____ Rotary _____ Driven _____ Dug
									_____ Hollow rod _____ Jetted _____ Bored _____ Reverse rotary
Fine to coarse sand, fine to coarse gravel					253		264		8. Use: _____ Domestic _____ Public supply _____ Industry
									_____ Irrigation _____ Air conditioning _____ Stock
Black shale					264		280		_____ Lawn _____ Oil field water _____ Other
									9. Casing: Material _____ Height: Above or below
									Threaded _____ Welded _____ Surface _____ in.
									RMP _____ PVC _____ Weight _____ lbs./ft.
									Dia. _____ in. to _____ ft. depth Wall Thickness: inches or
									Dia. _____ in. to _____ ft. depth gage No. _____
									10. Screen: Manufacturer's name _____
									Type _____ Dia. _____
									Slot/gauze _____ Length _____
									Set between _____ ft. and _____ ft.
									_____ ft. and _____ ft.
									Gravel pack? _____ Size range of material _____
									11. Static water level: _____ mo./day/yr.
									_____ ft. below land surface Date _____
									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.
									_____ Yes _____ No Date _____
									14. Well head completion:
									_____ Pitless adapter _____ Inches above grade
									15. Well grouted? _____
									With: _____ Neat cement _____ Bentonite _____ Concrete
									Depth: From _____ ft. to _____ ft.
									16. Nearest source of possible contamination:
									ft. _____ Direction _____ Type _____
									Well disinfected upon completion? _____ Yes _____ No
									17. Pump: _____ Not installed
									Manufacturer's name _____
									Model number _____ HP _____ Volts _____
									Length of drop pipe _____ ft. capacity _____ g.p.m.
									Type:
									_____ Submersible _____ Turbine
									_____ Jet _____ Reciprocating
									_____ 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.				
Topography:									
_____ Hill		Business name _____ License No. _____							
_____ Slope									
_____ Upland									
_____ Valley									
		Address _____							
		Signed _____ Date _____							
		Authorized representative							

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Form WWC-5

MI-1023