

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 NW 1/4 NW 1/4 SE 1/4	Section number #18	Township number T #25 S	Range number R #29 E (W)
2. Distance and direction from nearest town or city: 1/2 mile east, 1 mile north and 1/2 mile east of Charleston, Ks. Street address of well location if in city:			3. Owner of well: Robert Egbert R.R. or street: City, state, zip code: Ingalls, Kansas 67853		
4. Locate with "X" in section below: N W E S 1 Mile 1 Mile		Sketch map: 		6. Bore hole dia. 8 in. Completion date 3-19-76 Well depth 255 ft.	
5. Type and color of material		From To		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	
Top soil & clay rock		0 15		9. Casing: Material RMP Height: Above or Below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. 5 in. to 255 ft. depth Wall Thickness _____ inches or Dia. _____ in. to _____ ft. depth gage No. 250	
Clay & sand mixed		15 30		10. Screen: Manufacturer's name Sunflower Type RMP Dia. 5" Slot 3/32 1/8" Length 20 ft. Set between 230 ft. and 250 ft. _____ ft. and _____ ft. Gravel pack? yes Size range of material 1/4"	
Medium to coarse sand		30 45		11. Static water level: _____ mo./day/yr. 140 ft. below land surface Date 3-19-76	
Coarse gravel		45 60		12. Pumping level below land surfaces: 145 ft. after 2 hrs. pumping 40 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 80 g.p.m.	
Clay & coarse gravel		60 75		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
Fine sand		75 90		14. Well head completion: None <input type="checkbox"/> Pitless adapter _____ Inches above grade	
Fine sand & clay layers		90 105		15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.	
Fine sand & clay layers		105 120		16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
" " " "		135 150		17. Pump: Windmill <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
Sand rock		150 165		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. JOE'S WELL SERVICE 179 Business name License No. Address Box 174 Cimarron, Ks. Signed Larry & Chick Date 5-25 Authorized representative	
Sand rock & clay		165 180			
Loose & coarse sand		180 240			
Coarse sand & clay		240 255			
(Use a second sheet if needed)					
18. Elevation: Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:				

25 29 E
18 NW NE SE
1/4 1/4 1/4

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

Form WWC-5