

USE TYPEWRITER OR BALL  
POINT PEN-PRESS FIRMLY,  
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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>NE 1/4 NE 1/4 SW 1/4</b>	Section number <b>#19</b>	Township number <b>T #25 S</b>	Range number <b>R #30 E</b>		
2. Distance and direction from nearest town or city: <b>1 mile south and 1 1/2 mile east of Pierceville, Ks.</b> Street address of well location if in city:		3. Owner of well: <b>Paul VanJohn</b> R.R. or street: <b>Route #1</b> City, state, zip code: <b>Garden City, Kansas 67846</b>					
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: <b>stock well - no buildings</b>		6. Bore hole dia. <b>8</b> in. Completion date <b>12-18-75</b> Well depth <b>70</b> ft.			
5. Type and color of material		From	To	7. 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			
		<b>Top soil and very coarse sand</b>		<b>0</b>	<b>15</b>	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	
		<b>Coarse gravel</b>		<b>15</b>	<b>30</b>	9. Casing: Material <b>RMP</b> Height: Above or below <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <input type="checkbox"/> RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>250</b>	
		<b>Coarse gravel and clay</b>		<b>30</b>	<b>45</b>	10. Screen: Manufacturer's name <b>Sunflower</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>20 ft.</b> Set between <b>48</b> ft. and <b>68</b> ft. Gravel pack? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material <b>1/4"</b>	
		<b>Clay &amp; fine to medium sand</b>		<b>45</b>	<b>60</b>	11. Static water level: <b>14</b> ft. below land surface Date <b>12-18-75</b> mo./day/yr.	
<b>Medium to coarse sand &amp; clay</b>		<b>60</b>	<b>75</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.			
(Use a second sheet if needed)				13. Water sample submitted: <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Date			
				14. Well head completion: <b>None</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade			
				15. Well grouted? <b>yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>15</b> ft.			
				16. Nearest source of possible contamination: ft. <b>700</b> Direction <b>north</b> Type <b>river</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				17. Pump: <b>Windmill</b> <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			
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>JOE'S WELL SERVICE</b> 179 Business name License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Paul Crick</b> Date <b>1-24-76</b> Authorized representative				

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

Form WWC-5