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

25 | 30W | 32 | NW¼ NW¼ NW¼
T R EW sec 1/4 1/4 1/4 No.

WATER WELL RECORD
KSA 82a-1201-1215

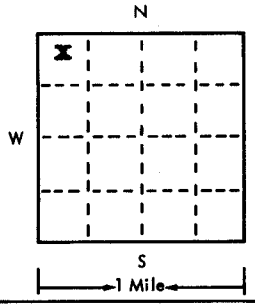
Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

1 Location of well:	County	Township name	Fraction	Section number	Town number	Range number
	Gray	Ingalls NW/NW/NW¼		#32	T #25W S	R #30W W

Distance and direction from nearest town or city: 2 south and ¼ miles west of Charleston
Street address of well location if in city:

3 Owner of well: Jack Warkman
Address: Ingalls, Kansas

Locate with "X" in section below:



Sketch map: NW¼ of Section #32 T #25W and R #30S

2 Type and color of material	From	To
Top soil & fine to medium sand	0	15
Medium to coarse sand	15	30
" " "	30	45
Coarse sand & clay	45	60
Clay & medium sand in layers	60	75
" " " "	75	90
Medium sand & clay	90	105
(use a second sheet if needed)		

4 Well depth: 105 ft. Date of completion 8-11-75
Well diameter 6 in.

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug
☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary

6 Use: ☒ Domestic ☐ Public supply ☐ Industry
☐ Irrigation ☐ Air conditioning ☐ Commercial
☐ Test well ☐ _____

7 Casing: Material RMP Height: above/below XX
Threaded ☐ Welded ☐ Surface 2" in.
Diam. 5 in. to 105 ft. depth Weight ____ lbs./ft.
____ in. to ____ ft. depth Drive shoe? ☐ Yes ☒ No

8 Screen:
Manufacturer Sunflower
Type RMP Dia. 5"
Slot/gauze 1/8" Length 20 ft.
Set between 80 ft. and 100 ft.
Fittings:
Gravel pack ☒ Yes ☐ No Size range of material ¼"

9 Static water level:
26 ft. below land surface Date 8-11-75

10 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.

11 Water sample submitted:
☐ Yes ☒ No Date ____

12 Well head completion: None
☐ Pitless adapter ☐ Inches above grade

13 Well grouted? ☒ Yes ☐ No
☐ Neat cement ☒ Bentonite ☐ _____
Depth: From ____ ft. to ____ ft.

14 Nearest source of possible contamination: None
____ ft. in middle of field type ____
Well disinfected upon completion? ☒ Yes ☐ No

15 Pump: Windmill ☐ Not installed
Manufacturer's name _____
Model number ____ HP ____ Volts ____
Length of drop pipe ____ ft. capacity ____ g.m.p.
Type:
☐ Submersible ☐ Turbine
☐ Jet ☐ Reciprocating
☐ Certrifugal ☐ Other

16 Remarks: elevation

Topography:
☐ Hill
☐ Slope
☒ Upland
☐ Valley

17 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 WELLSERVICE 179
Business name License No.
Address Box 174 Cimarron, Ks.
Signed _____ Date 8-29-75
Authorized representative

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5

25 30 W 32 NW NW NW

677-H