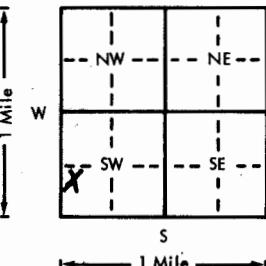


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

Well #2 --- at Bins

1. Location of well:	County	Fraction	Section number	Township number	Range number	
	Gray	NW 1/4 SW 1/4 SW 1/4	17	T 26	Sec 27	
2. Distance and direction from nearest town or city: $\frac{1}{2}$ mile south, 2 miles east & $\frac{1}{2}$ mile south of Cimarron on highway 23	3. Owner of well: Clarence Crick					
Street address of well location if in city:		R.R. or street:	Cimarron, Kansas 67835			
4. Locate with "X" in section below:	Sketch map:		6. Bore hole dia. <u>225</u> in. Completion date <u>6-8-78</u> Well depth <u>6 5/8</u>			
					7. <input checked="" 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 type="checkbox"/> Reverse rotary	
					8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input 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	
					9. Casing: Material <u>RMP</u> Height: Above or below <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <u>5 1/8</u> in. to <u>225</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>320</u>	
					10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>RMP</u> Dia. <u>6 5/8</u> Slot/gauge <u>1/8"</u> Length <u>10</u> ft. Set between <u>190</u> ft. and <u>220</u> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> yes Size range of material <u>1"</u>	
					11. Static water level: <u>48</u> ft. below land surface Date <u>6-8-78</u> mo./day/yr.	
					12. Pumping level below land surfaces: <u>50</u> ft. after <u>1</u> hrs. pumping <u>70</u> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <u>100</u> g.p.m.	
					13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
					14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>25</u> ft.	
					16. Nearest source of possible contamination: <u>none</u> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: Not installed Manufacturer's name <u>Goulds</u> Model number <u>25EL</u> HP <u>2</u> Volts <u>230</u> Length of drop pipe <u>147</u> ft. capacity <u>25</u> g.p.m. Type: <input checked="" 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: <input type="checkbox"/> Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: (Use a second sheet if needed)
					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. <u>Joe's Well Service</u> 179 Business name <input type="checkbox"/> Address <u>Box 174</u> Cimarron, KS. Signed <u>Clarence Crick</u> 12-27-78 Authorized representative <input type="checkbox"/> Date <input type="checkbox"/>	

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

Form WWC-5