

USE TYPEWRITER OR BALL
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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

Well #2 --- at Bins

1. Location of well:	County Gray	Fraction NW 1/4 SW 1/4 SW 1/4	Section number 17	Township number T 26	Range number S 27 E/W
2. Distance and direction from nearest town or city: 1/2 mile south, 2 miles east & 1/2 mile south of Cimarron on highway 23 Street address of well location if in city:			3. Owner of well: Clarence Crick R.R. or street: City, state, zip code: Cimarron, Kansas 67835		
4. Locate with "X" in section below: N W E S 1 Mile		Sketch map: O WELL O MAIN BIN		6. Bore hole dia. 225 in. Completion date Well depth 6 5/8 6-8-78	
		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		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 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 <input type="checkbox"/> lbs./ft. Dia. 6 5/8 in. to 225 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 320		10. Screen: Manufacturer's name Jess & Lowell Type RMP Dia. 6 5/8 Slot/groove 1/8" Length 40 ft. Set between 190 ft. and 220 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? yes Size range of material 1/4"	
		11. Static water level: 48 ft. below land surface Date 6-8-78 mo./day/yr.		12. Pumping level below land surfaces: 50 ft. after 1 hrs. pumping 70 g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 100 g.p.m.	
		13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.		14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12 inches above grade	
5. Type and color of material		From	To	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 5 ft. to 25 ft.	
Top soil & coarse sand		0	15	16. Nearest source of possible contamination: none 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	
Coarse sand & clay		15	30	17. Pump: Not installed Manufacturer's name Goulds Model number 25EL HP 2 Volts 230 Length of drop pipe 147 ft. capacity 25 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	
Clay		30	45	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 Clarence Crick Date 12-27-78 Authorized representative	
Clay & fine sand layers		45	135		
Fine sand & Clay		135	150		
Clay & fine to medium sand		150	165		
Medium to coarse sand		165	180		
Coarse sand		180	195		
Coarse sand		195	210		
Coarse sand & clay		210	225		
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:				
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

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