

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

1. Location of well:		County Gray	Fraction S 1/4 SW 1/4 NE 1/4	Section number #17	Township number T #26 S R #28 E 0
2. Distance and direction from nearest town or city: 1 mile south, 3 miles west, 1/2 south and 1 mile west of Cimarron, Kansas			3. Owner of well: Wiley McFarland R.R. or street: City, state, zip code: Cimarron, Kansas 67835		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 8 in. Completion date 4-14-76 Well depth 205 ft.	
		in a pasture - no buildings		7. <input checked="" 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	
5. Type and color of material		From	To	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 & fine sand		0	15	9. Casing: Material RMP Height: Above or below 12 in. 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. 5 in. to 205 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250	
Fine sand		15	30	10. Screen: Manufacturer's name Sunflower Type RMP Dia. 5" Slot 1/8 1/8 " Length 20 ft. Set between 180 ft. and 200 ft. ft. and <input type="checkbox"/> ft. Gravel pack yes Size range of material 1/4 "	
Fine to coarse sand		30	45	11. Static water level: 47 ft. below land surface Date 4-14-76 mo./day/yr.	
Coarse sand		45	60	12. Pumping level below land surfaces: 48 ft. after 2 hrs. pumping 60 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 100 g.p.m.	
Clay & fine sand		60	75	13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/> mo./day/yr.	
Fine sand to coarse sand		75	90	14. Well head completion: None <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
Coarse sand		90	120	15. Well grouted? yes With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 15 ft.	
Coarse sand & clay		120	135	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	
Clay		135	150	17. Pump: Windmill <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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	
Clay & fine sand		150	165		
Fine to medium sand (coarse sand)		165	180		
Coarse sand		180	195		
Coarse clay & bule shale		195	210		
(Use a second sheet if needed)					
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	in a pasture - no contamination to our knowledge.		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, Kansas Signed <i>James C. Crick</i> Date 5-13-76 Authorized representative		

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

Form WWC-5