

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 Gray	Fraction SW 1/4 SE 1/4 NE 1/4	Section number #34	Township number T #26	Range number S R #28	EW
2. Distance and direction from nearest town or city: 3 1/2 miles south and 1 west and 1/2 south of Cimarron, Ks. on Highway 23				3. Owner of well: Raymond Millershaski R.R. or street: R.R. City, state, zip code: Cimarron, Kansas 67835			
4. Locate with "X" in section below:		Sketch map: Windmill in middle of Pasture.			6. Bore hole dia. 8 in. Completion date 8-25-76 Well depth 125 ft.		
		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 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		
		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. 5 in. to 125 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 250					
5. Type and color of material				From	To	10. Screen: Manufacturer's name Sunflower	
Top soil & fine sand				0	15	Type RMP Dia. 5"	
Fine sand				15	30	Slot 1/8" Length 20 ft.	
Fine sand & clay				30	45	Set between 100 ft. and 120 ft.	
Clay				45	60	Gravel pack? yes Size range of material 1"	
Fine sand & clay				60	90	11. Static water level: 71 ft. below land surface Date 8-25-76	
Clay & coarse sand				90	105	12. Pumping level below land surfaces: None	
Coarse sand & clay				105	120	ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
Clay				120	135	ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m.	
						Estimated maximum yield <input type="checkbox"/> g.p.m.	
						13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>	
						14. Well head completion: None	
						<input type="checkbox"/> Pitless adapter <input type="checkbox"/> inches above grade	
						15. Well grouted? yes	
						With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete	
						Depth: From <input type="checkbox"/> ft. to <input type="checkbox"/> ft.	
						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	
						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	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:			
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		Has good drainage to the East		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 <input type="checkbox"/> License No. <input type="checkbox"/>			
				Address Box 174 Cimarron, Ks.			
				Signed Larry Crick Date 10-6-76			
				Authorized representative			

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

Form WWC-5

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