

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

1. Location of well:	County <b>Gray</b>	Fraction <b>1/4</b>	Center of <b>1/4 NW 1/4</b>	Section number <b>4</b>	Township number <b>T 26 S</b>	Range number <b>R 29 E</b>
2. Distance and direction from nearest town or city: <b>2 3/4 W. &amp; 1/4 S. of Ingalls</b> Street address of well location if in city:				3. Owner of well: <b>Diane Janof</b> R.R. or street: <b>c/o Sidney Warner</b> City, state, zip code: <b>Cimarron, KS 67835</b>		
4. Locate with "X" in section below: <div style="text-align: center;"> </div>				Sketch map:		
5. Type and color of material <b>See attachment</b>				6. Bore hole dia. <b>26</b> in. Completion date <b>9-20-76</b> Well depth <b>235</b> ft.		
				7. <input 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <b>Steel</b> Height <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <b>36</b> lbs./ft. Dia. <b>16</b> in. to <b>235</b> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <b>250</b>		
				10. Screen: Manufacturer's name <b>Johnson</b> Type <b>Continuous</b> Dia. <b>16"</b> Slot/gauze <b>.100</b> Length <b>40'</b> Set between <b>233-213</b> ft. and <b>160-150</b> ft. <b>140-130</b> ft. and <input type="checkbox"/> ft. Gravel pack? <b>Yes</b> Size range of material <b>1/4 x 1/8</b>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <b>67</b> ft. below land surface Date <b>9-22-76</b>		
				12. Pumping level below land surfaces: <b>119</b> ft. after <input type="checkbox"/> hrs. pumping <b>1435</b> g.p.m. <input type="checkbox"/> 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"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> Inches above grade		
				15. Well grouted? <b>Yes</b> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
16. Nearest source of possible contamination: ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <b>None</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <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						
(Use a second sheet if needed)						
18. Elevation:	19. Remarks:			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. <b>Henkle Drlg. &amp; Supply 145</b> Business name License No. <input type="checkbox"/> Address <b>Box 639 Garden City, KS</b> Signed <b>E.L. Rothwell</b> Date <b>10-4-76</b> Authorized representative		

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

Form WWC-5

