

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>SE 1/4 SE 1/4 SE 1/4</b>	Section number <b>#10</b>	Township number <b>T #26</b>	Range number <b>S R #29</b>
2. Distance and direction from nearest town or city: <b>2 miles south of Ingalls, Kansas</b> Street address of well location if in city:				3. Owner of well: <b>Mrs. Myrtle Reist</b> R.R. or street: City, state, zip code: <b>Ingalls, Kansas 67853</b>		
4. Locate with "X" in section below: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>N</p> <p>W E</p> <p>S</p> <p>1 Mile</p> </div> <div> <p>Sketch map:</p> </div> </div>				6. Bore hole dia. <u>8</u> in. Completion date <u>9-17-75</u> Well depth <u>220</u> ft.		
5. Type and color of material				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		
				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 <u>XXXX</u> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>      </u> lbs./ft. Dia. <u>5</u> in. to <u>220</u> ft. depth Wall Thickness: inches or Dia. <u>      </u> in. to <u>      </u> ft. depth gage No. <u>250</u>		
				10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot/gauze <u>1/8"</u> Length <u>20</u> ft. Set between <u>160</u> ft. and <u>180</u> ft. <u>      </u> ft. and <u>      </u> ft. Gravel pack? <u>yes</u> Size range of material <u>1"</u>		
				11. Static water level: <u>60</u> ft. below land surface Date <u>9-17-75</u> 12. Pumping level below land surfaces: <u>70</u> ft. after <u>1 1/2</u> hrs. pumping <u>50</u> g.p.m. <u>      </u> ft. after <u>      </u> hrs. pumping <u>      </u> g.p.m. Estimated maximum yield <u>50</u> g.p.m.		
(Use a second sheet if needed)				13. Water sample submitted: <u>      </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>      </u>		
				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>12</u> inches above grade		
				15. Well grouted? <u>yes</u> With <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>5</u> ft. to <u>15</u> ft.		
				16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>east</u> Type <u>barn yard</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Flint &amp; Walling</u> Model number <u>10BK9</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>130</u> ft. capacity <u>19</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:  Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	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>JOE'S WELL SERVICE</b> <u>179</u> Business name License No. Address <u>Box 174 Cimarron, Ks.</u> Signed <u>Joey Crick</u> Date <u>12-20-75</u> Authorized representative			

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T R Sec 1/4 1/4 1/4

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

Form WWC-5