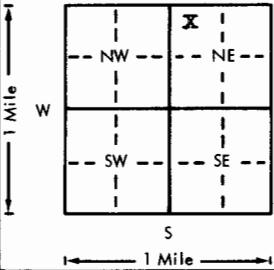


USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
PRINT CLEARLY.

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 Gray | Fraction NW 1/4 NW 1/4 NE 1/4 | Section number #11 | Township number T #27 S | Range number R #28 W | |
| 2. Distance and direction from nearest town or city: 6 miles south of Cimarron, Ks. on highway 23 Street address of well location if in city: | | | 3. Owner of well: Ernie Ratzliff R.R. or street: R.R. City, state, zip code: Cimarron, Kansas 67835 | | | | |
| 4. Locate with "X" in section below: N W E S 1 Mile | | Sketch map:  | | 6. Bore hole dia. <u>8</u> in. Completion date <u>8-23-76</u> Well depth <u>197</u> ft. | | | |
| 5. Type and color of material | | From To | | 7. <input 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 Below <u>12</u> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>12</u> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <u>250</u> lbs./ft. Dia. <u>5</u> in. to <u>197</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>197</u> ft. depth Gauge No. <u>250</u> | | | |
| | | | | 10. Screen: Manufacturer's name <u>Sunflower</u> Type <u>RMP</u> Dia. <u>5"</u> Slot size <u>1/8"</u> Length <u>20</u> ft. Set between <u>172</u> ft. and <u>192</u> ft. Gravel pack? <u>yes</u> Size range of material <u>1/4"</u> | | | |
| | | | | 11. Static water level: <u>78</u> ft. below land surface Date <u>8-23-76</u> | | | |
| | | | | 12. Pumping level below land surfaces: <u>78</u> ft. after <u>1 1/2</u> hrs. pumping <u>20</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>35</u> g.p.m. | | | |
| | | | | 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>21</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>7</u> ft. to <u>15</u> ft. | | | |
| | | | | 16. Nearest source of possible contamination: <u>None</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| (Use a second sheet if needed) | | | | 17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <u>Aermotor</u> Model number <u>SD12-100</u> HP <u>1</u> Volts <u>230</u> Length of drop pipe <u>126</u> ft. capacity <u>12</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 | | | |
| | | | | 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. <u>Joe's Well Service</u> <u>179</u> Business name License No. Address <u>Box 174 Cimarron, Ks.</u> Signed <u>myself</u> Date <u>10-6-76</u> Authorized representative | | | |
| | | | | | | | |
| 18. Elevation: | | 19. Remarks: New building site | | | | | |
| Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley | | | | | | | |

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

Form WWC-5