

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

WATER WELL RECORD
KSA 82a-1201-1215

T R EW sec 1/4 1/4 1/4 No.

Kansas State Dept. Of Health
(Water Well Contractors)
Forbes-Bldg. 740
Topeka, Kansas 66620

| | | | | | | |
|--|-----------------------|---|-----------------------------|--|-------------------------------|--|
| 1 Location of well: | County GRAY | Township name WEST HESS | Fraction S.E. 1/4 | Section number #15 | Town number T #27 S | Range number R #28 W |
| Distance and direction from nearest town or city: 9 Miles South, 1 Mile West and 1/2 Mile North of Cimarron, Ks. Street address of well location if in city: | | | | 3 Owner of well: GENE AIRGIM Address: CIMARRON, KANSAS 67835 | | |
| Locate with "X" in section below: N | | Sketch map: | | 4 Well depth: 185 ft. Date of completion 1-11-75 Well diameter 8 in. | | |
| <p style="text-align: center;">NE 1/4 of the SE 1/4 of Section #15, T#27 S and R #28 W.</p> | | 5 <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 | | 6 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"/> Commercial <input type="checkbox"/> Test well | | |
| | | 7 Casing: Material RMP Height: above XXXX Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. Diam. _____ Weight _____ lbs./ft. _____ 5 in. to 185 ft. depth Drive shoe? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth | | 8 Screen: Manufacturer Jess & Lowell Type RMP Dia. 5" Slot gauze 1/8" Length 20ft. Set between 165 ft. and 185 ft. Fittings: Gravel pack <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Size range of material 1/4" | | |
| 2 Type and color of material | | | | From | To | 9 Static water level: 80 ft. below land surface Date 1-11-75 |
| Top Soil and Clay | | | | 0 | 15 | 10 Pumping level below land surfaces: 80 ft. after 2 hrs. pumping 60 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 100 g.p.m. |
| Clay | | | | 15 | 30 | |
| Clay | | | | 30 | 45 | 11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____ |
| Clay | | | | 45 | 60 | 12 Well head completion: <input checked="" type="checkbox"/> Pitless adapter 12" inches above grade |
| Clay | | | | 60 | 75 | 13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite _____ Depth: From 6 ft. to 17 ft. |
| Clay & Sand Medium | | | | 75 | 90 | 14 Nearest source of possible contamination: ft. 120 Direction South Type Sewer System Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Sand Medium | | | | 90 | 105 | 15 Pump: <input type="checkbox"/> Not installed Manufacturer's name Flint & Walling Model number 9BK10 HP 1 Volts 230 Length of drop pipe 126 ft. capacity 20 g.m.p. 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 |
| Coarse Sand | | | | 105 | 120 | 16 Remarks: elevation Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley |
| Sand & Clay | | | | 120 | 135 | |
| Clay | | | | 135 | 150 | |
| Clay | | | | 150 | 160 | |
| Sand Medium | | | | 160 | 180 | 17 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. JOE'S WELL SERVICE 179 Business name _____ License No. _____ Address Box 174 Cimarron, Ks. Signed Joey Crick Date 1-31-75 Authorized representative |
| Clay & Rock | | | | 180 | 190 | |
| (use a second sheet if needed) | | | | | | |

Forward the white, blue and pink copies to the Kansas State Dept. Of Health.

Form WWC-5