

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

County <b>Gray</b>		Fraction <b>NW 1/4 SE 1/4 NW 1/4</b>		Section number <b>6</b>	Township number <b>T 28 S R 27 E/W</b>
1. Location of well: <b>Gray</b>				3. Owner of well: <b>Norris T. Davis</b>	
Distance and direction from nearest town or city: <b>4 1/2 W. Ensign</b>				R.R. or street: <b>Cimarron, Kansas</b>	
Street address of well location if in city:				City, state, zip code: <b>67835</b>	
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>9 7/8</b> in. Completion date _____	
				Well depth <b>245</b> ft. <b>11-22-76</b>	
5. Type and color of material		From	To	7. <input checked="" type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
<b>Top soil</b>		<b>0</b>	<b>7</b>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
<b>Clay</b>		<b>7</b>	<b>188</b>	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry	
<b>Med. to lar. sand &amp; gravel with clay streaks</b>		<b>188</b>	<b>250</b>	<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 <b>PVC</b> Height: Above or below _____	
				Threaded _____ Welded _____ Surface <b>12</b> in.	
				RMP _____ PVC _____ Weight <b>2.8</b> lbs./ft.	
				Dia. <b>5</b> in. to <b>245</b> ft. depth Wall Thickness: inches or _____	
				Dia. _____ in. to _____ ft. depth Gage No. <b>265</b>	
				10. Screen: Manufacturer's name _____	
				<b>Jess &amp; Lowell</b>	
				Type <b>PVC</b> Dia. <b>5"</b>	
				Slot/size <b>1/8"</b> Length <b>40'</b>	
				Set between <b>205</b> ft. and <b>245</b> ft.	
				Set between _____ ft. and _____ ft.	
				Gravel pack? <b>No</b> Size range of material _____	
				11. Static water level: _____ mo./day/yr.	
				<b>181</b> ft. below land surface Date <b>11/17/76</b>	
				12. Pumping level below land surfaces:	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				_____ ft. after _____ hrs. pumping _____ g.p.m.	
				Estimated maximum yield _____ g.p.m.	
				13. Water sample submitted: _____ mo./day/yr.	
				<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
				14. Well head completion:	
				<input checked="" type="checkbox"/> Pitless <input checked="" type="checkbox"/> <del>open</del> unit _____ Inches above grade	
				15. Well grouted? <b>Yes</b>	
				With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete	
				Depth: From <b>4</b> ft. to <b>14</b> ft.	
				16. Nearest source of possible contamination:	
				ft. <b>100</b> Direction <b>SE</b> Type <b>septic tank</b>	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No	
				17. Pump:	
				_____ Not installed	
				Manufacturer's name <b>Aermotor</b>	
				Model number <b>SD12</b> HP <b>1</b> Volts <b>220</b>	
				Length of drop pipe <b>231</b> ft. capacity <b>10</b> g.p.m.	
				Type:	
				<input checked="" type="checkbox"/> Submersible _____ Turbine	
				<input type="checkbox"/> Jet _____ Reciprocating	
				<input type="checkbox"/> Centrifugal _____ Other	
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.	
Topography:				<b>Friesen Windmill</b> <b>252</b>	
_____ Hill				Business name _____ License No. _____	
_____ Slope				Address <b>Meade, Kansas</b> <b>67864</b>	
<input checked="" type="checkbox"/> Upland				Signed <b>[Signature]</b> Date <b>12-1-76</b>	
_____ Valley				Authorized representative	

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

Form WWC-5