

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 SW 1/4</b>	Section number <b>#25</b>	Township number <b>T #28 S 0 1/2</b>	Range number <b>R #27 W 0 1/2</b>
2. Distance and direction from nearest town or city: <b>5 miles South of Ensign, Ks.</b>			3. Owner of well: <b>Ralph Hamilton</b> R.R. or street: City, state, zip code: <b>Ensign, Kansas 67841</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>8</b> in. Completion date <b>11-14-75</b> Well depth <b>187</b> ft.	
			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 <b>RMP</b> Height: Above or <b>12</b> in. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in. <b>RMP</b> <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. <b>5</b> in. to <b>187</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>Jess &amp; Lowell</b> Type <b>RMP</b> Dia. <b>5"</b> Slot/gauze <b>1/8"</b> Length <b>20 ft.</b> Set between <b>162</b> ft. and <b>182</b> ft. Set between <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <b>yes</b> Size range of material <b>1"</b>	
5. Type and color of material			From	To	11. Static water level: <b>135</b> ft. below land surface Date <b>11-14-75</b> mo./day/yr.	
Top soil & Clay			0	15	12. Pumping level below land surfaces: <b>141</b> ft. after <b>12</b> hrs. pumping <b>30</b> g.p.m. ft. after <b>50</b> hrs. pumping <b>50</b> g.p.m. Estimated maximum yield <b>50</b> g.p.m.	
Clay			15	75	13. Water sample submitted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>11-14-75</b> mo./day/yr.	
Brown sandy clay			75	90	14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <b>12</b> inches above grade	
Red clay			90	105	15. Well grouted? <b>yes</b> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>4</b> ft. to <b>15</b> ft.	
Red clay & medium sand			105	120	16. Nearest source of possible contamination: ft. <b>300</b> Direction <b>NE</b> Type <b>Sewer System</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Medium to coarse sand			120	135	17. Pump: Manufacturer's name <b>F &amp; W</b> Not installed Model number <b>15BK12</b> HP <b>1 1/2</b> Volts <b>230</b> Length of drop pipe <b>168</b> ft. capacity <b>19</b> 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	
Coarse & 8 ft. rock			135	150	(Use a second sheet if needed)	
Medium to coarse sand			150	165		
medium to coarse sand & clay			165	180		
Clay & medium sand & clay			180	195		
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>JOE'S WELL SERVICE</b> <b>179</b> Business name License No. Address <b>Box 174 Cimarron, Ks.</b> Signed <b>Ray Crick</b> Date <b>12-20-75</b> Authorized representative		
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