

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

SIMMONS CREEK

WATER WELL RECORD
KSA 82a-1201-1215

CAC

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 Clark	Township name	Fraction SW NE SW	Section number 4	Town number T 31S	Range number R 23 W	
Distance and direction from nearest town or city: JCI. east of Meade, Kan. 6N 9E				3 Owner of well: RINE DRLG. CO. ATT: MR. M^C CUNE			
Street address of well location if in city:				Address: SUITE 600-300 W. DOUGLAS WICHITA, KANSAS			
Locate with "X" in section below:		Sketch map:		4 Well depth: 275 ft. Date of completion 5-27-75 Well diameter 9 in.			
N W ——— E S 1 Mile				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			
2 Type and color of material				From		To	
				TEST HOLE			
surface				0		3	
fine sand, caliche				5		60	
blue clay				60		145	
fine sand				145		150	
blue clay				150		275	
DRY HOLE							
16 Remarks: elevation						9 Static water level: 140 ft. below land surface Date 5-27-75	
						10 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.	
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						11 Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
						12 Well head completion: <input checked="" type="checkbox"/> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Inches above grade	
(use a second sheet if needed)						13 Well grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From 20 ft. to 15 ft. 130-140	
						14 Nearest source of possible contamination: ft. _____ Direction not known Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1-1 g (use a second sheet if needed)						15 Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
						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. Craig Water Well 239 Business name _____ License No. _____ Address Box 521 Woodward, Okla. Signed Fred Ray Date 5-28-75 Authorized representative	

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

Form WWC-5