

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 <i>Dickinson</i>	Fraction <i>NW 1/4 NW 1/4 SW 1/4</i>	Section number <i>17</i>	Township number T <i>13</i> S R	Range number <i>3</i> (EN)
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: # City, state, zip code:			
<i>1 1/2 SW of Detroit, Ks</i>			<i>Mrs Paul Blatt #1 Enterprise Ks 67441</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>32</i> in. Completion date <i>7-28-77</i> Well depth <i>68</i> ft.		
				7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 <i>AC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <i>34</i> lbs./ft. Dia. <i>16</i> in. to <i>68</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gauge No. <i>3/4</i>		
* Type and color of material		From	To	10. Screen: Manufacturer's name <i>Johnson</i> Type <i>transite</i> Dia. <i>16</i> Slot/gauge <i>1/8</i> Length <i>26</i> Set between <i>42</i> ft. and <i>68</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>YES</i> Size range of material <i>1/8-1/4</i>		
				11. Static water level: <input type="checkbox"/> mo./day/yr. <i>16</i> ft. below land surface Date <i>7-28-77</i>		
				12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield <i>2000</i> g.p.m.		
				13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter <i>12</i> Inches above grade		
				15. Well grouted? <i>YES</i> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> ft.		
				16. Nearest source of possible contamination: <i>NOISE</i> ft. <input type="checkbox"/> Direction <input type="checkbox"/> Type <input type="checkbox"/> Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				17. Pump: <input type="checkbox"/> Not installed Manufacturer's name <i>WLR</i> Model number <i>PM</i> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <i>63</i> ft. capacity <i>1200</i> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
		(Use a second sheet if needed)				
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley		19. Remarks: <i>*replacement well no test hole or test pumping moved old pump</i>		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. <i>See Worsong Ave 258</i> Business name <i>Clifton Kansas</i> License No. <input type="checkbox"/> Address <i>Francis</i> Signed <i>Francis</i> Date <i>7-8-77</i> Authorized representative		

T 13
 R 3
 S 17
 NW 1/4 SW 1/4

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

Form WWC-5