

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>MORRIS</b>	Fraction <b>SE 1/4 1/4 1/4</b>	Section number <b>33</b>	Township number <b>T 16 S</b>	Range number <b>R 8 E</b>
2. Distance and direction from nearest town or city: <b>2 MILES S 2 MILES WEST COUNCIL GROVE</b>			3. Owner of well: <b>WILL ROSWURM</b> R.R. or street: City, state, zip code: <b>COUNCIL GROVE KS 66846</b>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>10</b> in. Completion date <b>5-1-77</b> Well depth <b>180</b> ft.		
				7. <input checked="" 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 type="checkbox"/> Reverse rotary		
5. Type and color of material		From	To	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		
<b>CLEAN WELL &amp; BEAM</b>				9. Casing: Material _____ Height: Above or below Threaded _____ Welded _____ Surface <b>12" above floor</b> RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>8</b> in. to <b>10</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name _____ <b>McPHERSON</b> Type _____ Dia. <b>8</b> Slot/gauze <b>PRIMED</b> Length _____ Set between <b>20</b> ft. and <b>30</b> ft. _____ ft. and _____ ft. Gravel pack? _____ Size range of material _____		
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date _____		
				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. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____		
				14. Well head completion: _____ Pitless adapter _____ inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: _____ Neat cement _____ Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.		
				16. Nearest source of possible contamination: ft. <b>75</b> Direction <b>WEST</b> Type <b>HORSES</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <b>WASIN</b> _____ Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: _____ Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
		(Use a second sheet if needed)				
18. Elevation:	19. Remarks:			20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	<b>TO BE WORKED ON</b>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>L.H. KRAUSE</b> <b>156</b> Business name _____ License No. _____ Address <b>COUNCIL GROVE KS</b> Signed <b>L.H. Krause</b> Date <b>5-12-77</b> Authorized representative		

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

Form WWC-5