

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>Rooks</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section number <b>34</b>	Township number T <b>10</b> S R	Range number <b>17</b> <b>(EW)</b>
2. Distance and direction from nearest town or city Street address of well location if in city:			3. Owner of well: <b>Greg Rempe</b> R.R. or street: <b>RR. Plainville, Ks.</b> City, state, zip code:			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>9</u> in. Completion date <b>11-9-79</b> Well depth <u>27</u> ft.	
					7. <input checked="" 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	
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	
top soil			0	2	9. Casing: Material <u>pvc</u> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>2 1/2</u> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5</u> in. to <u>27</u> ft. depth Wall Thickness: inches or Dia. <u>  </u> in. to <u>  </u> ft. depth gage No. <u>.26</u>	
clay			2	15	10. Screens: Manufacturer's name <u>Jet stream</u> Type <u>pvc</u> Dia. <u>5</u> Slot <u>1/32</u> Dia. <u>.031</u> Length <u>10</u> Set between <u>17</u> ft. and <u>27</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4-1/2</u>	
sandy clay			15	23	11. Static water level: <u>17</u> ft. below land surface Date <b>11-9-79</b> mo./day/yr.	
blue shale			23	27	12. Pumping level below land surfaces: <u>17</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m. Estimated maximum yield <u>10</u> g.p.m.	
					13. Water sample submitted: <u>  </u> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <u>  </u>	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
					15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>3</u> ft. to <u>13</u> ft.	
					16. Nearest source of possible contamination: <u>none</u> ft. <u>  </u> Direction <u>  </u> Type <u>  </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <u>  </u> Model number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of drop pipe <u>  </u> ft. capacity <u>  </u> 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	
			(Use a second sheet if needed)			
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>Karst Water Well 199</b> Business name <u>Karst</u> License No. <u>  </u> Address <u>H. Hiway 40 Hays, Ks.</u> Signed <u>Thel Karst</u> Date <u>11-9-79</u> Authorized representative		
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

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10  
R  
17  
S  
17  
1/4  
1/4

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

Form WWC-5