

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 Gove	Fraction NW¹/₄ SW¹/₄ NW¹/₄	Section number 18	Township number T 11	Range number S R 28	DRL EW
2. Distance and direction from nearest town or city: Street address of well location if in city:		1 South of Grainfield		3. Owner of well: Elmer Heier R.R. or street: City, state, zip code: Grainfield, Ks. 67737		
4. Locate with "X" in section below: N		Sketch map:		6. Bore hole dia. <u>19</u> in. Completion date _____ Well depth <u>168</u> ft. <u>1/2/76</u>		
				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 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		
5. Type and color of material		From	To	9. Casing: Material <u>CoAs</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <u>12</u> in. to <u>168</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
				10. Screen: Manufacturer's name _____ <u>Johnson Well Casing</u> Type <u>cement asbestos</u> Dia. <u>12</u> in. Slot/gauze <u>3/16</u> Length <u>13</u> ft. Set between <u>116</u> ft. and <u>168</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2</u> down		
				11. Static water level: _____ mo./day/yr. _____ ft. below land surface Date <u>1/2/76</u>		
				12. Pumping level below land surfaces: <u>20</u> ft. after <u>12</u> hrs. pumping <u>560</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>560</u> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade <input checked="" type="checkbox"/> Well grouted? <u>cement slab</u> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From _____ ft. to _____ ft.		
				15. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ 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		
		(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. <u>Aqua Well Drilling</u> 281 Business name _____ License No. _____ Address <u>Gove, Ks. 67736</u> Signed <u>J M Little</u> Date <u>6-20</u> Authorized representative _____ 77			
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