

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>Gove</b>	Fraction <b>NW 1/4 NE 1/4 SE 1/4</b>	Section number <b>10</b>	Township number <b>T 12 S</b>	Range number <b>R 27 E</b>	<b>DRL</b>
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: <b>Merton Ikenberry</b> R.R. or street: <b>Quinter, Ks. 67736</b> City, state, zip code:				
4. Locate with "X" in section below: N W E S 1 Mile			Sketch map:		6. Bore hole dia. <b>19</b> in. Completion date _____ Well depth <b>78</b> ft. <b>4/20/77</b>		
			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		
			10. Screen: Manufacturer's name <b>Johnson Well Casing</b> <b>cement asbestos</b> Dia. <b>12 in.</b> Slot/gauze <b>3/16</b> Length <b>52 ft.</b> Set between <b>26</b> ft. and <b>79</b> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/2 down</b>		11. Static water level: _____ mo./day/yr. <b>20</b> ft. below land surface Date <b>4/20/77</b>		
5. Type and color of material			From	To	12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>650</b> g.p.m.		
					13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
					14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade <input checked="" type="checkbox"/> Well grouted? <input checked="" type="checkbox"/> <b>cement slab</b> With: _____ Neat cement _____ Bentonite _____ Concrete Depth: From <b>0</b> ft. to <b>5</b> ft.		
					15. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? _____ Yes _____ No		
					17. 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		
					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>Aqua Well Drilling 281</b> Business name _____ License No. _____ Address <b>Gove, Ks. 67736</b> Signed <b>J.M. Jettle</b> Date <b>4-20-77</b> Authorized representative		
18. Elevation:		19. Remarks:		(Use a second sheet if needed)			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley							

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

Form WWC-5