

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 NW 1/4 SE 1/4</b>	Section number <b>36</b>	Township number <b>T 12 S</b>	Range number <b>R 26 E</b>	<b>DR L</b>
2. Distance and direction from nearest town or city: <b>5 1/2 E 1/2 N</b>			3. Owner of well: <b>Merton Ikenberry</b>				
Street address of well location if in city: <b>off Gove</b>			R.R. or street: City, state, zip code: <b>Quinter, Kansas</b>				
4. Locate with "X" in section below:		Sketch map:			6. Bore hole dia. <b>19</b> in. Completion date _____ Well depth <b>50</b> ft. <b>1/13/77</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		
					9. Casing: Material <b>CEAS</b> Height: <b>above</b> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <b>12</b> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>12</b> in. to <b>50</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____		
5. Type and color of material		From		To		10. Screen: Manufacturer's name <b>Johnson Well Casing</b>	
<b>Silt + clay</b>		<b>0</b>		<b>17</b>		Type _____ Dia. <b>12</b> in.	
<b>Sand + gravel</b>		<b>17</b>		<b>50</b>		Slot/gauze <b>3/4</b> Length <b>13</b> ft.	
<b>Shale</b>		<b>50</b>				Set between <b>24</b> ft. and <b>50</b> ft. _____ ft. and _____ ft.	
						Gravel pack? <input type="checkbox"/> Size range of material <b>down</b>	
						11. Static water level: <b>10</b> ft. below land surface Date <b>1/13/77</b> yr.	
						12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>350</b> g.p.m.	
						13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
						14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
						15. Well grouted? <b>yes</b> <b>Cement Slab</b> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>5</b> ft.	
						16. 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 _____ 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 <b>Gove, Kansas</b> License No. _____ Address: _____ Signed <b>M Little</b> Date <b>6-20-77</b> Authorized representative	
18. Elevation:		19. Remarks:					
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