

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>Ellis</b>	Fraction <b>ne 1/4 ne 1/4 se 1/4</b>	Section number <b>36</b>	Township number <b>T 14 S R 20</b>	Range number <b>20</b>
2. Distance and direction from nearest town or city: <b>6-W of Antonino, Ks. 1/4-N.</b> Street address of well location if in city:			3. Owner of well: <b>Orville Haselhorst</b> R.R. or street: <b>none</b> City, state, zip code: <b>Antonino, Kansas 67624</b>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <b>29</b> in. Completion date _____ Well depth <b>63</b> ft. <b>12-11-78</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 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 <b>steel</b> Height: Above or <del>Below</del> _____ Threaded _____ Welded _____ Surface <b>18</b> in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. <b>16</b> in. to <b>63</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>7</b>	
black top soil		0	1	10. Screen: Manufacturer's name _____ <b>Doerrs</b> Type <b>Steel</b> Dia. _____ Slot/groove <b>3/16</b> Length <b>16</b> Set between <b>47</b> ft. and <b>63</b> ft. ft. and _____ ft. Grovel pack? <input checked="" type="checkbox"/> Size range of material <b>3/4 3/8</b>	
brown clay		1	10	11. Static water level: _____ mo./day/yr. <b>14</b> ft. below land surface Date <b>5-15-78</b>	
white rock & gravel		10	15	12. Pumping level below land surfaces: <b>40</b> ft. after <b>1</b> hrs. pumping <b>200</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>450</b> g.p.m.	
brown clay		15	48	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <b>5-15-78</b>	
sand & gravel		48	61	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade	
6" clay break		61	61 1/2	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.	
sand & gravel		61 1/2	63	16. Nearest source of possible contamination: ft. <b>1/4</b> mi Direction <b>south</b> Type <b>septic</b> Well disinfected upon completion? <b>hth</b> Yes <input type="checkbox"/> No	
shale		63		17. Pump: _____ Not installed Manufacturer's name <b>W.L.R.</b> Model number <b>2-106MC</b> HP <b>10</b> Volts <b>460</b> Length of drop pipe <b>50</b> ft. capacity <b>500</b> g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" 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)				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>Rosencrantz-Bemis</b> <b>134</b> Business name License No. Address <b>Great Bend, Ks. 67530</b> Signed <b>Sandy Silcox</b> Date <b>12-26</b> Authorized representative	
18. Elevation:	19. Remarks:		20. Water well contractor's certification:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

T 14 S R 20 W Sec 36 NE 1/4 NE 1/4 SE

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

Form WWC-5