

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

Grosshardt #1

1. Location of well:		County <i>Barton</i>	Fraction <i>NW 1/4 SW 1/4 NW 1/4</i>	Section number <i>16</i>	Township number <i>T 17 S</i>	Range number <i>R 11 W</i>
2. Distance and direction from nearest town or city: <i>1/2 mile west</i>			3. Owner of well: <i>Ashin Drilling Co</i>			
Street address of well location if in city: <i>3 1/2 north Claflin</i>			R.R. or street: <i>Great Bend Kansas</i>			
4. Locate with "X" in section below:			Sketch map:			6. Bore hole dia. <i>2</i> in. Completion date <i>11-19-75</i> Well depth <i>135</i> ft.
						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
5. Type and color of material			From	To	8. Use: <input 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 checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
					9. Casing: Material <i>Plastic</i> Weight (Above or below) Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>12</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>4</i> in. to <i>135</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. _____	
					10. Screen: Manufacturer's name <i>Peerless Plastic</i> Type <i>PVC</i> Dia. <i>4</i> Slot/gauze <i>5</i> Length <i>20</i> Set between <i>115</i> ft. and <i>135</i> ft. _____ ft. and _____ ft. Gravel pack? <i>yes</i> Size range of material <i>5-4</i>	
					11. Static water level: <i>60</i> ft. below land surface Date <i>11-19-75</i> mo./day/yr.	
					12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ 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	
					15. Well grouted? <i>yes</i> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>10</i> 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	
			(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. <i>Myers water well 143</i> Business name _____ License No. _____ Address <i>Great Bend KS</i> Signed <i>Alfred A Myers</i> Date <i>11-19-75</i> Authorized representative		
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 17 S
 R 11 W
 Sec 16
 NW 1/4 SW 1/4 NW 1/4

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

Form WWC-5