

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 <i>Barton</i>	Fraction <i>SE 1/4 SE 1/4 SE 1/4</i>	Section number <i>32</i>	Township number T <i>17</i> S R	Range number 12 <i>12</i> ^{EW}
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
<i>Redwing, Ks.</i>			<i>Fred Proksch</i> <i>RFD 1</i> <i>Hoisington, Ks. 67544</i>			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>10</i> in. Completion date <i>10-16-78</i> Well depth <i>42</i> ft.		
		<i>Range # should be: 12 not 13</i>		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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
<i>top soil</i>		<i>0</i>	<i>3</i>	9. Casing: Material <i>PVC</i> Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <i>18</i> in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <i>5 1/2</i> in. to <i>42</i> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <i>258</i>		
<i>clay</i>		<i>3</i>	<i>16</i>	10. Screen: Manufacturer's name <i>certainted</i> Type <i>PVC</i> Dia. _____ Slot/gauge <i>1/16</i> Length <i>90</i> Set between <i>42</i> ft. and <i>32</i> ft. _____ ft. and _____ ft.		
<i>soft sandy clay</i>		<i>16</i>	<i>32</i>	Gravel pack? <input checked="" type="checkbox"/> Size range of material <i>5 3/4 3/8</i>		
<i>broken sand</i>		<i>32</i>	<i>42</i>	11. Static water level: _____ mo./day/yr. <i>16</i> ft. below land surface Date <i>10-16-78</i>		
<i>fire clay</i>		<i>42</i>		12. Pumping level below land surfaces: <i>16</i> ft. after <i>1</i> hrs. pumping <i>10</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <i>10</i> g.p.m.		
				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <i>10-16-78</i>		
				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
				15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <i>0</i> ft. to <i>12</i> ft.		
				16. Nearest source of possible contamination: ft. <i>150</i> Direction <i>NW</i> Type <i>septic</i> Well disinfected upon completion? <input checked="" 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:			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley	<i>1900 ft</i>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Abnermate Denis 134</i> Business name _____ License No. _____ Address <i>Great Bend, Ks. 67530</i> Signed <i>Sandy Kilgore</i> Date <i>11/7/78</i> Authorized representative			

T 17 R 12 S 32 SE SE SE

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

Form WWC-5