

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 <u>Barton</u>	Fraction <u>SE 1/4 NE 1/4 SE 1/4</u>	Section number <u>8</u>	Township number T <u>19</u> S	Range number R <u>13</u> E <u>W</u>																											
2. Distance and direction from nearest town or city: <u>3-N of Great Bend, KS</u> Street address of well location if in city:			3. Owner of well: <u>Steve Haslam</u> R.R. or street: <u>322.0 18th St.</u> City, state, zip code: <u>Great Bend, KS. 67530</u>																													
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date Well depth <u>95</u> ft. <u>6-21-76</u>																												
				7. ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary																												
				8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other																												
5. Type and color of material		From		9. Casing: Material <u>PVC</u> Height: Above or <u>below</u> Threaded ☐ Welded ☐ Surface <u>18</u> in. RMP ☐ PVC ☒ Weight <u>13</u> lbs./ft. Dia. <u>4</u> in. to <u>95</u> ft. depth Wall Thickness: inches or Dia. <u>1</u> in. to <u>95</u> ft. depth gage No. <u>237</u>																												
				10. Screen: Manufacturer's name <u>Curlant</u> Type <u>PVC</u> Dia. <u>13</u> Slot/gauge <u>1/16</u> Length <u>12</u> Set between <u>84</u> ft. and <u>92</u> ft. Gravel pack? ☒ Size range of material <u>1/4 to 3/4</u>																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Top soil</td><td>0</td><td>2</td></tr> <tr><td>Black brown clay</td><td>2</td><td>20</td></tr> <tr><td>Sand & gravel</td><td>20</td><td>42</td></tr> <tr><td>Brown clay</td><td>42</td><td>52</td></tr> <tr><td>Sand & gravel</td><td>52</td><td>57</td></tr> <tr><td>Brown clay</td><td>57</td><td>77</td></tr> <tr><td>Sand & gravel w/ clay streaks</td><td>77</td><td>82</td></tr> <tr><td>Sand & gravel</td><td>82</td><td>94</td></tr> <tr><td>Brown clay</td><td>94</td><td>95</td></tr> </table>		Top soil	0	2	Black brown clay	2	20	Sand & gravel	20	42	Brown clay	42	52	Sand & gravel	52	57	Brown clay	57	77	Sand & gravel w/ clay streaks	77	82	Sand & gravel	82	94	Brown clay	94	95			11. Static water level: <u>32</u> ft. below land surface Date <u>6-21-76</u> mo./day/yr.	
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12. Pumping level below land surfaces: ____ ft. after ____ hrs. pumping ____ g.p.m. ____ ft. after <u>1 hr.</u> pumping ____ g.p.m. Estimated maximum yield ____ g.p.m.																																
				13. Water sample submitted: ____ mo./day/yr. ☒ Yes ☐ No Date <u>6-21-76</u>																												
				14. Well head completion: ____ Pitless adapter ____ Inches above grade																												
				15. Well grouted? ☒ With: ☒ Neat cement ☐ Bentonite ☐ Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.																												
				16. Nearest source of possible contamination: ft. <u>150</u> Direction <u>East</u> Type <u>Septic</u> Well disinfected upon completion? ☒ Yes ☐ No																												
				17. Pump: <u>Not installed</u> Manufacturer's name ____ Model number ____ HP ____ Volts ____ Length of drop pipe ____ ft. capacity ____ g.p.m. Type: ☐ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ Other																												
(Use a second sheet if needed)																																
18. Elevation:	19. Remarks: <u>1753</u>		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. <u>Rosenblatt-Bemis 134</u> Business name <u>Great Bend, KS 67530</u> License No. <u>1/4 SE NE SE</u> Address <u>3. Kilgore</u> Date <u>6-19-79</u> Signed <u>S. Kilgore</u> Authorized representative																													

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

Form WWC-5