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WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and
Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

County	Barton	Fraction	SE 1/4 SE 1/4 SE 1/4	Section number	2	Township number	T 19 S R 14 W
1. Location of well:				2 miles east of Heizer, Kansas Street address of well location if in city:			
2. Distance and direction from nearest town or city:				3. Owner of well: R.R. or street: City, state, zip code:			
4. Locate with "X" in section below: 				Sketch map:			
5. Type and color of material				From	To	6. Bore hole dia. <u>11</u> in. Completion date <u>8-30-79</u> Well depth <u>50</u> ft.	
top soil				0	2	7. Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jetted ☐ Bored ☐ Reverse rotary	
clay				2	22	8. Use: ☒ Domestic ☐ Public supply ☐ Industry ☐ Irrigation ☐ Air conditioning ☐ Stock ☐ Lawn ☐ Oil field water ☐ Other	
clay with sand and gravel				22	38	9. Casing: Material <u>PVC</u> Height: Above or below ground _____ Threaded ☐ Welded ☐ Surface <u>12</u> in. RMP <u>5 1/2</u> PVC ☒ Weight <u>50</u> lbs./ft. Dia. <u>5 1/2</u> in. to _____ ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth Gauge No. _____ .258	
sand and gravel				38	50	10. Screen: Manufacturer's name _____ <u>certain teed</u> Type <u>PVC</u> Dia. <u>5 1/2</u> Slot/gauge <u>1/16</u> Length <u>20</u> Set between <u>50</u> ft. and <u>30</u> ft. Gravel pack? ☒ Size range of material <u>3/4-3/8-1/4</u>	
fire clay				50	55	11. Static water level: _____ mo./day/yr. <u>36 1/2</u> below land surface Date <u>8-30-79</u>	
						12. Pumping level below land surfaces: <u>NA</u> ____ 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. ☒ Yes ☐ No Date <u>8-30-79</u>	
						14. Well head completion: <u>No</u> 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>200</u> Direction <u>South</u> Type <u>feedlot</u> Well disinfected upon completion? <u>HTH</u> Yes ☐ No	
						17. Pump: ☒ Not installed Manufacturer's name <u>Rep Jacket</u> Model number <u>SAC</u> HP <u>1/2</u> Volt <u>230</u> Length of drop pipe <u>42</u> ft. capacity <u>10</u> g.p.m. Type: ☒ Submersible ☐ Turbine ☐ Jet ☐ Reciprocating ☐ Centrifugal ☐ 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. <u>Romencrantz-Bemis</u> 134 Business name License No. _____ Address <u>Box 713 Great Bend, Ks.</u> Signed <u>Fredrick Peterson</u> Date <u>10/1</u> Authorized representative			

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

Form WWC-5