

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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

Stamp #1

1. Location of well:		County <i>Pawnee</i>	Fraction <i>NW SW NW</i> 1/4 1/4 1/4	Section number <i>11</i>	Township number <i>T 20S</i>	Range number <i>S R 16W</i>
2. Distance and direction from nearest town or city: <i>15 west</i> <i>2 1/2 south</i> <i>St Bend Ks</i>			3. Owner of well: <i>L. D. Drilling Co</i> R.R. or street: <i>Great Bend Ks</i> City, state, zip code:			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <i>8</i> in. Completion date Well depth <i>58</i> ft. <i>3-4-77</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 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> Height: <i>50</i> 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 <i>187.3</i> lbs./ft. Dia. <i>5</i> in. to <i>78</i> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gage No. <i>200</i>
						10. Screen: Manufacturer's name <i>Self made</i> Type <i>PVC</i> Dia. <i>5</i> Slot gauge <i>5</i> Length <i>20</i> Set between <i>58</i> ft. and <i>78</i> ft. ft. and <input type="checkbox"/> ft. Gravel pack? <i>yes</i> Size range of material <i>5-1/4</i>
						11. Static water level: <input type="checkbox"/> mo./day/yr. <i>20</i> ft. below land surface Date <i>3-4-78</i>
						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
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</i> Business name <i>St Bend Ks</i> License No. <i>143</i> Address <i>St Bend Ks</i> Signed <i>Myers</i> Date <i>3-4-78</i> Authorized representative		

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

Form WWC-5