

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 Pawnee	Fraction NW 1/4 NW 1/4 SE 1/4	Section number 2	Township number T 20 S R 19 NW	Range number
2. Distance and direction from nearest town or city: 10 miles north and 1/2 east of Rozel, Kansas Street address of well location if in city:				3. Owner of well: Clarence Bradford R.R. or street: Rozel, Kansas 67574 City, state, zip code:		
4. Locate with "X" in section below: N W E S 1 Mile				6. Bore hole dia. <u>11</u> in. Completion date _____ Well depth <u>380</u> ft. <u>10-11-79</u>		
				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		
				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		
5. Type and color of material				9. Casing: Material <u>PVC</u> Height: Above or <u>below</u> Threaded _____ Welded _____ Surface _____ in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>200</u> lbs./ft. Dia. <u>5 1/2</u> in. to _____ ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.258</u>		
				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>30</u> Set between <u>315</u> ft. and <u>345</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8-1/2</u>		
top soil				11. Static water level: <u>220</u> ft. below land surface Date <u>8-17-79</u>		
brown clay				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.		
sand and gravel				13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>10-11-79</u>		
yellow brown clay				14. Well head completion: <input checked="" type="checkbox"/> Pitless adapter <u>18</u> inches above grade		
blue shale				15. Well grouted? <input checked="" type="checkbox"/> With: <u>A</u> Neat cement <input checked="" type="checkbox"/> Bentonite _____ Concrete _____ Depth: From <u>0</u> ft. to <u>10</u> ft.		
hard iron pyrite				16. Nearest source of possible contamination: ft. <u>200</u> Direction <u>north</u> Type <u>septic tank</u> Well disinfected upon completion? <u>NH</u> Yes _____ No _____		
blue shale				17. Pump: _____ Not installed Manufacturer's name <u>Red Jacket</u> Model number <u>17DC</u> HP <u>5</u> Volts <u>230</u> Length of drop pipe <u>315</u> ft. capacity <u>28</u> g.p.m. Type: <input checked="" type="checkbox"/> Submersible _____ Turbine _____ Jet _____ Reciprocating _____ Centrifugal _____ Other		
light gray clay				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>Rosencrantz-Bemis 134</u> Business name License No. _____ Address <u>Box 713 Great Bend, Ks</u> Signed <u>Frederic Pederson</u> Date <u>10/15/79</u> Authorized representative		
gray shale						
sand rock						
light gray shale						
red and gray clay						
light gray shale						
sand rock						
light gray shale						
red and gray clay (second sheet if needed)						
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5