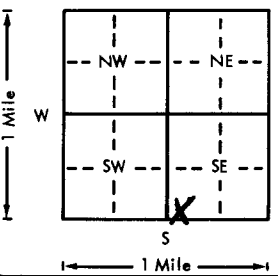


USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

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 SW 1/4 SW 1/4 SE 1/4 | Section number 28 | Township number T 20 S R 20 E/W | Range number |
| 2. Distance and direction from nearest town or city: 8 North - 1/2 | | | 3. Owner of well: Steve Miller | | |
| Street address of well location if in city: EAST OF BURDETT | | | R.R. or street: City, state, zip code: Burdett, Ks. | | |
| 4. Locate with "X" in section below: Sketch map:  | | | 6. Bore hole dia. 29 in. Completion date _____ Well depth 78 ft. 11-19-76 | | |
| 5. Type and color of material | | | 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 type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input checked="" 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 | | |
| From To | | | 9. Casing: Material steel Height: Above or below _____ Threaded _____ Welded <input checked="" type="checkbox"/> Surface 18 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 78 ft. depth Wall Thickness: inches or _____ Dia. _____ in. to _____ ft. depth gage No. 7 | | |
| | | | 10. Screen: Manufacturer's name _____ Johnson Type steel Dia. 16 Slot size 1/16/1/16 Length 20 Set between 58 ft. and 78 ft. ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/2 3/4 3/8 | | |
| Top Soil | | | 11. Static water level: _____ mo./day/yr. 17 ft. below land surface Date 8-18-76 | | |
| Clay | | | 12. Pumping level below land surfaces: 17 ft. after 1 hrs. pumping 700 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 800 g.p.m. | | |
| Sand and Rock | | | 13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 8-18-76 | | |
| Clay | | | 14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade | | |
| Clay and Streaks of Sand | | | 15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft. | | |
| Good Sand and Gravel | | | 16. Nearest source of possible contamination: ft. 600 Direction South Type SEPTIC Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Sand and Gravel little Clay | | | 17. Pump: Manufacturer's name W.L.R. Not installed Model number 2BHC12 HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other | | |
| Good clean Sand and Gravel | | | 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. Rosencrantz-Bemis 134 Business name _____ License No. _____ Address Great Bend, Ks. Signed Fredia Dodson Date 1/4 Authorized representative | | |
| Clay and Sand and Gravel with Rock | | | | | |
| Clay | | | 18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley | | |
| Clay Rock | | | | | |
| Black Mud | | | 19. Remarks: 275 95 | | |
| Sand Rock | | | | | |
| (Use a second sheet if needed) | | | | | |

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

Form WWC-5