

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>Stafford</u>	Fraction <u>C/NE</u> 1/4 1/4 1/4	Section number <u>2</u>	Township number <u>21</u> T S R	Range number <u>12</u> E W
2. Distance and direction from nearest town or city: <u>7.5 Parkmouth</u> Street address of well location if in city:			3. Owner of well: <u>Virgil Salem</u> R.R. or street: <u>RR. 2</u> City, state, zip code: <u>Elliwoods, Ks.</u>		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>24</u> in. Completion date <u>4-26-76</u> Well depth <u>123</u> ft.	
		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	
				9. Casing: Material <u>steel</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>18</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <u>16</u> in. to <u>123</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>7</u>	
5. Type and color of material			From	To	10. Screen: Manufacturer's name _____ Type <u>steel</u> Dia. <u>16</u> <u>80</u> gauge <u>3-16</u> Length <u>40</u> Set between <u>83</u> ft. and <u>123</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/2 3/4 3/8</u>
<u>Sandy Top Soil</u>			<u>0</u>	<u>5</u>	11. Static water level: _____ mo./day/yr. <u>25</u> ft. below land surface Date <u>12-29-75</u>
<u>Gray Clay</u>			<u>5</u>	<u>12</u>	12. Pumping level below land surfaces: <u>25</u> ft. after <u>1</u> hrs. pumping <u>1200</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.
<u>Redish Clay</u>			<u>12</u>	<u>24</u>	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>12-29-75</u>
<u>Fine Sand</u>			<u>24</u>	<u>34</u>	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade
<u>Redish Clay</u>			<u>34</u>	<u>48</u>	15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.
<u>Sand & Gravel</u>			<u>48</u>	<u>76</u>	16. Nearest source of possible contamination: ft. <u>12</u> Direction <u>W</u> Type <u>Subic tank</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Clay</u>			<u>76</u>	<u>84</u>	17. Pump: _____ Not installed Manufacturer's name <u>WLB</u> Model number <u>5-DH-10</u> HP <u>50</u> Volts _____ Length of drop pipe <u>70</u> ft. capacity <u>1000</u> 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
<u>Sand & Gravel</u>			<u>84</u>	<u>124</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>Rosenkrantz - Bemis 134</u> Business name _____ License No. _____ Address <u>Great Bend, Ks.</u> Signed <u>Richard Dodson</u> Date <u>9/30/76</u> Authorized representative
<u>Clay</u>			<u>124</u>	<u>130</u>	
18. Elevation:			19. Remarks:		
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley					

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

Form WWC-5

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