

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

1. Location of well: Stafford		Fraction 1/4 SE 1/4 SE 1/4		Section number 27		Township number T 21 S R 12		Range number 12	
2. Distance and direction from nearest town or city: 7 1/2 miles Northeast of Hudson, KS Street address of well location if in city:				3. Owner of well: Dennis Siefkes R.R. or street: Route 3 City, state, zip code: Hudson, KS 67545					
4. Locate with "X" in section below: <div style="text-align: center;"> </div> Sketch map:				6. Bore hole dia. <u>9</u> in. Completion date <u>11-16-78</u> Well depth <u>90</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 type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other					
				9. Casing: Material <u>Styrene</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u>1.5</u> lbs./ft. Dia. <u>5</u> in. to <u>80</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth Gauge No. <u>200</u>					
				10. Screen: Manufacturer's name <u>Jess & Lowell</u> Type <u>Styrene 200</u> Dia. <u>5"</u> <u>Slot</u> gauze <u>1/8"</u> Length <u>10'</u> Set between <u>80</u> ft. and <u>90</u> ft. <u> </u> ft. and <u> </u> ft. Gravel pack? <u>Yes</u> Size range of material <u>3/8-200</u>					
5. Type and color of material				From		To			
				0		3		11. Static water level: <u> </u> mo./day/yr. <u>16'6"</u> ft. below land surface Date <u>11-16-78</u>	
				3		56		12. Pumping level below land surfaces: <u>N/C</u> <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u> </u> g.p.m.	
				56		62		13. Water sample submitted: <u> </u> mo./day/yr. <u> </u> Yes <input checked="" type="checkbox"/> No <u> </u> Date <u> </u>	
				62		72		14. Well head completion: <u> </u> Pitless adapter <u>12</u> Inches above grade	
				72		76		15. Well grouted? <u>Yes</u> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
				76		81		16. Nearest source of possible contamination: <u>FIELD</u> ft. <u> </u> Direction <u> </u> Type <u> </u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				81		90		17. Pump: <u> </u> <input checked="" type="checkbox"/> Not installed Manufacturer's name <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of drop pipe <u> </u> ft. capacity <u> </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	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				19. Remarks: (Use a second sheet if needed)				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. Clarke Well & Eq., Inc. 185 Business name <u> </u> License No. <u> </u> Address <u>Great Bend, KS 67530</u> Signed <u> </u> Date <u>11-17-78</u> Authorized representative	

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

Form WWC-5