

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>1/4 1/4 1/4</u>		Section number <u>5</u>		Township number T <u>21</u> S		Range number R <u>13</u> E <u>(W)</u>	
2. Distance and direction from nearest town or city: <u>1/2 mi W 8 1/2</u>				3. Owner of well: <u>Jud Neulomble</u>					
Street address of well location if in city: <u>1/2 of Gt. Bend</u>				R.R. or street: <u>Seward, Kas. 67577</u>					
4. Locate with "X" in section below: Sketch map:				6. Bore hole dia. <u>2 1/2</u> in. Completion date <u>8-18-76</u>		Well depth <u>87</u> ft.		7. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
				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: Above 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 <input type="checkbox"/> lbs./ft.	
5. Type and color of material				From		To		10. Screen: Manufacturer's name <u>Acme</u>	
<u>Top soil</u>				<u>0</u>		<u>2</u>		Type <u>Steel</u> Dia. <u>1 1/2</u>	
<u>Dark Brown clay</u>				<u>2</u>		<u>11</u>		Slot/gauge <u>3/16</u> Length <u>28</u>	
<u>Light Brown clay</u>				<u>11</u>		<u>26</u>		Set between <u>60</u> ft. and <u>88</u> ft.	
<u>Light brown clay w/ sand</u>				<u>26</u>		<u>41</u>		Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-2 1/2"</u>	
<u>Sand + gravel</u>				<u>41</u>		<u>51</u>		11. Static water level: mo./day/yr. <u>20 1/2</u> ft. below land surface Date <u>3-1-76</u>	
<u>Sand + gravel w/ blue clay</u>				<u>51</u>		<u>58</u>		12. Pumping level below land surfaces: <u>25</u> ft. after <u>1 1/2</u> hrs. pumping <u>600</u> g.p.m.	
<u>Sand + gravel</u>				<u>58</u>		<u>87</u>		Estimated maximum yield <u>800</u> g.p.m.	
<u>Clay</u>				<u>87</u>		<u>90</u>		13. Water sample submitted: mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>3-1-76</u>	
								14. Well head completion: Pitless adapter <u>18</u> inches above grade	
								15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete	
								Depth: From <u>0</u> ft. to <u>10</u> ft.	
								16. Nearest source of possible contamination: ft. <u>24</u> Direction <u>NW</u> Type <u>Oil well</u>	
								Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
								17. Pump: Not installed	
								Manufacturer's name <u>Quincy</u>	
								Model number <u>4-1245</u> HP <u>60</u> Volts <u>    </u>	
								Length of drop pipe <u>80</u> ft. capacity <u>800</u> 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	
(Use a second sheet if needed)									
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.					
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				Business name <u>Rosenberry - Bernis 134</u> License No. <u>    </u>					
				Address <u>Great Bend, Kas</u>					
				Signed <u>Freda Wadon</u> Date <u>9/15/76</u>					
				Authorized representative					

21  
 13  
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 5  
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 1/4  
 2 1/4

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

Form WWC-5