

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 Stafford	Fraction 1/4 cne 1/4 se 1/4	Section number 15	Township number T 21 S R 13W E/W	Range number												
2. Distance and direction from nearest town or city: 3 1/2 n Street address of well location if in city: Seward, Ks.			3. Owner of well: Robert Munz R.R. or street: R2 Great Bend, Ks. City, state, zip code:															
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>7</u> in. Completion date _____ Well depth <u>53</u> ft. <u>11-18-77</u>														
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Top Soil-Clay</td> <td>0</td> <td>25</td> </tr> <tr> <td>Sandy Clay</td> <td>25</td> <td>30</td> </tr> <tr> <td>Sand-Gravel</td> <td>30</td> <td>53</td> </tr> </tbody> </table>		5. Type and color of material	From	To	Top Soil-Clay	0	25	Sandy Clay	25	30	Sand-Gravel	30	53	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		
				5. Type and color of material	From	To												
Top Soil-Clay	0	25																
Sandy Clay	25	30																
Sand-Gravel	30	53																
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			9. Casing: Material _____ Height: Above surface _____ Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>53</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>sch 40</u>															
(Use a second sheet if needed)			10. Screen: Manufacturer's name <u>Jetstream</u> Type <u>PVC</u> Dia. <u>4"</u> Slot/gauze <u>1/16"</u> Length <u>15'</u> Set between <u>38</u> ft. and <u>53</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>															
			11. Static water level: _____ mo./day/yr. <u>12</u> ft. below land surface Date <u>11-18-77</u>															
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>40</u> g.p.m.															
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No _____ Date _____															
			14. Well head completion: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Inches above grade															
			15. Well grouted? <input checked="" type="checkbox"/> 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.															
			16. Nearest source of possible contamination: ft. <u>55</u> Direction <u>e</u> Type <u>sewer</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes _____ No															
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ 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															
			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. Kellys Waterwell Ser 186 Business Address <u>R2 Great Bend, Ks.</u> License No. _____ Signed <u>Kelly Price</u> Date <u>8-14-79</u> Authorized representative															
			18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks:														

T 21 S R 13 W E/W
 Sec 15
 1/4 1/4 1/4 1/4

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

Form WWC-5