

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

Buser #1

1. Location of well: County <u>Stafford</u>		Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>		Section number <u>16</u>		Township number <u>T 21 S</u>		Range number <u>R 13 W</u>							
2. Distance and direction from nearest town or city: <u>10 miles south</u>				3. Owner of well: <u>L & D Drilling Co</u>											
Street address of well location if in city: <u>Great Bend</u>				R.R. or street: <u>Great Bend Kansas</u>											
City, state, zip code: _____				City, state, zip code: _____											
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <u>8</u> in. Completion date <u>Dec 7-77</u>							
								Well depth <u>60</u> ft.							
								7. <input checked="" 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				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 type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other			
												9. Casing: Material <u>Plastic</u> Weight: <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 checked="" type="checkbox"/> Weight <u>287.3</u> lbs./ft. Dia. <u>5</u> in. to <u>60</u> ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. <u>200</u>			
Clay				0				10				10. Screen: Manufacturer's name <u>Self made</u>			
												11. Static water level: _____ mo./day/yr. <u>16</u> ft. below land surface Date <u>Dec 7-77</u>			
Sandy clay				10				20				12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.			
												13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____			
Sand				20				40				14. Well head completion: <input type="checkbox"/> Pitless adapter _____ inches above grade			
												15. Well grouted? <u>Yes</u> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>12</u> ft.			
Gravel				40				60				16. Nearest source of possible contamination: ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> 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			
(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 type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley				Business name <u>Murray Water Well</u> License No. <u>1573</u> Address <u>Great Bend Ks</u> Signed <u>Tommyes</u> Date <u>Dec 7-77</u> Authorized representative											

21 230 16 NE 1/4 NW

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

Form WWC-5