

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 se 1/4 se 1/4 ne 1/4	Section number 1	Township number T 21 S	Range number R 14w E/W
2. Distance and direction from nearest town or city: Street address of well location if in city:			3. Owner of well: R.R. or street: City, state, zip code:			
			5 1/2 n Seward Ks.			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <u>5</u> in. Completion date <u>12-1-77</u> Well depth <u>55</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	
5. Type and color of material			From	To	9. Casing: Material _____ Height: Above XXXXX Threaded _____ Welded _____ Surface <u>12</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight <u>.68</u> lbs./ft. Dia. <u>2</u> in. to <u>55</u> ft. depth Wall thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>sch 40</u>	
					10. Screen: Manufacturer's name _____ Jetstream Type <u>pvc</u> Dia. _____ Slot/gauze <u>1/16"</u> Length <u>20'</u> Set between <u>35</u> ft. and <u>55</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/8-3/4"</u>	
Top Soil-Clay			0	25	11. Static water level: _____ mo./day/yr. <u>18</u> ft. below land surface Date <u>12-1-77</u>	
Sand			25	35	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.	
Sand-Gravel			35	55	13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____	
					14. Well head completion: <input type="checkbox"/> Pitless adapter <u>12</u> 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>50</u> Direction <u>W</u> Type <u>stock</u> Well disinfected upon completion? <input checked="" 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)					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 name License No. _____ Address R2 Great Bend, Ks. Signed <u>Nelly Price</u> Date <u>8-15</u> Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

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

Form WWC-5