

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 1/4 CSW 1/4	Section number 22	Township number T 21 S R 14 NW	Range number															
2. Distance and direction from nearest town or city: 2 E Radam 2 1/4 N Radam			3. Owner of well: Earl Allen R.R. or street: Box 1389 City, state, zip code: Great Bend, KS																	
4. Locate with "X" in section below: Sketch map: 			6. Bore hole dia. 30 in. Completion date _____ Well depth 120 ft. 3-21-77																	
5. Type and color of material <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td>Top Soil - Clay</td> <td>0</td> <td>13</td> </tr> <tr> <td>Sand - Gravel</td> <td>13</td> <td>30</td> </tr> <tr> <td>Sand - Clay</td> <td>30</td> <td>45</td> </tr> <tr> <td>Sand - Gravel</td> <td>45</td> <td>120</td> </tr> </tbody> </table>				From	To	Top Soil - Clay	0	13	Sand - Gravel	13	30	Sand - Clay	30	45	Sand - Gravel	45	120	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary		
	From	To																		
Top Soil - Clay	0	13																		
Sand - Gravel	13	30																		
Sand - Clay	30	45																		
Sand - Gravel	45	120																		
			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 5/8" Height <input checked="" type="checkbox"/> Above or below Threaded _____ Welded <input checked="" type="checkbox"/> Surface 12 in. RMP _____ PVC _____ Weight _____ lbs./ft. Dia. 16 in. to 60 ft. depth, Wall Thickness: inches or Dia. _____ in. to _____ ft. depth, gage No. 3/16"																	
			10. Screen: Manufacturer's name Doerr Type Steel Dia. 16" Slot/gauze 1/8" Length 60 Set between 60 ft. and 120 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8" X 3/4"																	
			11. Static water level: _____ mo./day/yr. 12 ft. below land surface Date 3-21-77																	
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. 36 ft. after 4 hrs. pumping 1100 g.p.m. Estimated maximum yield 1500 g.p.m.																	
			13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date 2-16-77																	
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 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 0 ft. to 10 ft.																	
			16. Nearest source of possible contamination: None ft. _____ Direction _____ Type _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
			17. Pump: <input type="checkbox"/> Not installed Manufacturer's name Goulds Model number 4-125 HP 40 Volts 440 Length of drop pipe 80 ft. capacity 800 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																	
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" 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. 186 Business name Kelly's Water Well Service License No. _____ Address R2 Great Bend, KS Signed Kelly Poice Date 6-6-77 Authorized representative																	

T 21 S R 14 NW
 Sec 22 CSW

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

Form WWC-5