

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 c 1/4 se 1/4	Section number 23	Township number T 21 S R	Range number 14 E/W (W)
2. Distance and direction from nearest town or city: 2-N 1 1/4-W from Seward, Ks. Street address of well location if in city:				3. Owner of well: Harold Titus R.R. or street: Box 1010 City, state, zip code: Great Bend, Kansas 67530		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date _____ Well depth <u>65</u> ft. <u>11-8-78</u>		
				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 <u>pvc</u> Height: Above or Below _____ Threaded _____ Welded _____ Surface <u>18</u> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <u>4</u> in. to <u>65</u> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <u>.237</u>		
sandy top soil		0	2	10. Screen: Manufacturer's name _____ CertainTeed Type <u>pvc</u> Dia. _____ Slot 3/16 <u>1/16</u> Length <u>20</u> Set between <u>65</u> ft. and <u>45</u> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4 3/8</u>		
fine sand		2	8	11. Static water level: _____ mo./day/yr. <u>20</u> ft. below land surface Date 9-10-78 <u>10-9-78</u>		
clay		8	13	12. Pumping level below land surfaces: <u>na</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.		
fine sand & gravel		13	48	13. Water sample submitted: _____ mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>9-10-9-78</u>		
sand & gravel		48	67	14. Well head completion: <input type="checkbox"/> Pitless adapter _____ Inches above grade		
blue clay		67		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>20</u> ft.		
				16. Nearest source of possible contamination: ft. <u>30</u> Direction <u>east</u> Type <u>irrig. well</u> Well disinfected upon completion? <u>hth</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
				17. Pump: _____ Not installed Manufacturer's name <u>Pumpco</u> Model number <u>101S36</u> HP <u>1/3</u> Volts <u>115</u> Length of drop pipe <u>42</u> ft. capacity <u>10</u> g.p.m. Type: <input checked="" 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. Rosencrantz-Bemis <u>134</u> Business name License No. Address <u>Great Bend, Kans. 67530</u> Signed <u>[Signature]</u> Date <u>12-15-78</u> Authorized representative			
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

T 21
 S 14
 R 23
 E/W (W)
 Sec 23
 1/4
 SE

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

Form WWC-5