

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

County: <u>Panama</u>		Fraction: <u>SW 1/4 NE 1/4 NE 1/4</u>	Section number: <u>13</u>	Township number: <u>21 S</u>	Range number: <u>15 W</u>
1. Location of well:			3. Owner of well: <u>L D Drilling Co</u>		
Distance and direction from nearest town or city: <u>10 E, 3 1/2 N, Larned</u>			R.R. or street: <u>Great Bend Ks</u>		
Street address of well location if in city:			City, state, zip code:		
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. <u>8</u> in. Completion date: <u>12-19-77</u>	
<div style="text-align: center;"> </div>				Well depth: <u>75</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 type="checkbox"/> Stock	
				<input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other	
				9. Casing: Material <u>Plastic</u> Height: (Above or below)	
				Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>13</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>25</u> ft. depth	
				Wall Thickness: inches or	
				Dia. <u>5</u> in. to <u>25</u> ft. depth	
				gauge No. <u>200</u>	
5. Type and color of material		From	To	10. Screen: Manufacturer's name <u>Self made</u>	
	<u>Clay</u>	<u>0</u>	<u>10</u>	Type <u>gwk</u> Dia. <u>5</u>	
	<u>Sandy clay</u>	<u>10</u>	<u>30</u>	Slot gauge <u>5</u> Length <u>30</u>	
	<u>Sand</u>	<u>30</u>	<u>55</u>	Set between <u>55</u> ft. and <u>75</u> ft.	
	<u>Gravel</u>	<u>55</u>	<u>75</u>	ft. and <u>75</u> ft.	
				Gravel pack? <u>yes</u> Size range of material <u>5-1/4</u>	
				11. Static water level: <u>16</u> ft. below land surface Date <u>12-19-77</u>	
				mo./day/yr.	
				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 _____	
				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>10</u> ft.	
				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	
18. Elevation:		19. Remarks:		20. Water well contractor's certification:	
Topography: _____				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<input checked="" type="checkbox"/> Hill				<u>Myers Water Well</u>	
<input checked="" type="checkbox"/> Slope				Business name <u>Myers Water Well</u> License No. <u>143</u>	
<input type="checkbox"/> Upland				Address <u>Great Bend Ks</u>	
<input type="checkbox"/> Valley				Signed <u>A. Myers</u> Date <u>12-19-77</u>	
				Authorized representative	

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

Form WWC-5

MI-1023