

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 Pawnee	Fraction 1/4 SW 1/4	Section number 11	Township number T 21 S	Range number R 16 E												
2. Distance and direction from nearest town or city 1000 ft. 1/2 mile south PAWNEE ROCK KS		3. Owner of well: Husky Delg Wichita KS		R.R. or street: 800 Bittling Blvd. 61202														
Street address of well location if in city: 3 West 1/4 SOUTH		City, state, zip code: Great Bend KS																
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 5 in. Completion date 12-4-78 Well depth 60 ft.														
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>5. Type and color of material</th> <th>From</th> <th>To</th> </tr> <tr> <td>SANDY CLAY</td> <td>0</td> <td>10</td> </tr> <tr> <td>CLAY</td> <td>10</td> <td>30</td> </tr> <tr> <td>GRAVEL</td> <td>30</td> <td>60</td> </tr> </table>		5. Type and color of material	From	To	SANDY CLAY	0	10	CLAY	10	30	GRAVEL	30	60	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												
SANDY CLAY	0	10																
CLAY	10	30																
GRAVEL	30	60																
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 <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight 228.3 lbs./ft. Dia. 5 in. to 60 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 200															
				10. Screen: Manufacturer's name Pitless Type Saw Dia. 5 Slot/gauze 1/8 Length 20 Set between 60 ft. and 40 ft. ft. and <input type="checkbox"/> ft. Gravel pack yes Size range of material 1/4-1/8														
				11. Static water level: 20 ft. below land surface Date 12-4-78 mg./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 12 Inches above grade														
				15. Well grouted? yes With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.														
				16. Nearest source of possible contamination: ft. ____ Direction ____ Type None Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Mucers Water Well 143 Business name License No. ____ Address Great Bend Sign Floyd Rosendell Date 12-4-78 Authorized representative														
Topography: <input type="checkbox"/> Hill <input checked="" type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley																		

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

Form WWC-5