

USE TYPEWRITER OR BALL
POINT PEN-PRESS FIRMLY,
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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 NE 1/4 NW 1/4 NE 1/4	Section number 26	Township number T 21 S R 16 W	Range number 16 W
2. Distance and direction from nearest town or city: 2 1/2 NE			3. Owner of well: Harverne George R.I.			
Street address of well location if in city: Larned, KS			City, state, zip code: Larned, KS			
4. Locate with "X" in section below:		Sketch map:		6. Bore hole dia. 9 in. Completion date 3-2-77 Well depth 66 ft.		
				7. 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 checked="" 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 type="checkbox"/> Oil field water <input type="checkbox"/> Other		
				9. Casing: Material <input type="checkbox"/> Height: Above <input type="checkbox"/> Below <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface 12 in. RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 5 in. to 66 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. Sch 40		
				10. Screen: Manufacturer's name MP1 Type PVC Dia. 5" Slot/gauze 1/16" Length 12' Set between 51 ft. and 66 ft. <input type="checkbox"/> ft. and <input type="checkbox"/> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"		
5. Type and color of material		From	To	11. Static water level: <input type="checkbox"/> mo./day/yr. 19 ft. below land surface Date 3-2-77		
Top Soil - Clay		0	25	12. Pumping level below land surfaces: <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. <input type="checkbox"/> ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 350 g.p.m.		
Sand - Clay		25	45	13. Water sample submitted: <input type="checkbox"/> mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date <input type="checkbox"/>		
Sand - Gravel		45	66	14. Well head completion: <input type="checkbox"/> Pitless adapter 12 Inches above grade		
				15. Well grouted? <input type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 12 ft.		
				16. Nearest source of possible contamination: SEPHK ft. 60 Direction N Type TANK Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name <input type="checkbox"/> Model number <input type="checkbox"/> HP <input type="checkbox"/> Volts <input type="checkbox"/> Length of drop pipe <input type="checkbox"/> ft. capacity <input type="checkbox"/> 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		
				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 Kelly's Water Well Ser Business name R 2 Crest Bend K License No. <input type="checkbox"/> Address Kelly, Dine Date 3-77 Signed <input type="checkbox"/> Authorized representative		
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input checked="" type="checkbox"/> Valley						

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

Form WWC-5