

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 NE 1/4 SW 1/4 SW 1/4	Section number 26	Township number T 21 S R 16	Range number E/W				
2. Distance and direction from nearest town or city: 1 mile NE of Larned, Ks Street address of well location if in city:			3. Owner of well: Clayton Buster R.R. or street: Rt.1 City, state, zip code: Larned, Ks.						
4. Locate with "X" in section below: <div style="text-align: center;">N 1 Mile W <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>NW</td><td>NE</td></tr><tr><td>SW</td><td>SE</td></tr></table> E S 1 Mile</div>			NW	NE	SW	SE	Sketch map:		
NW	NE								
SW	SE								
5. Type and color of material			6. Bore hole dia. <u>29</u> in. Completion date <u>8-27-79</u> Well depth <u>54</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 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 <u>steel</u> Height: Above or below ground Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface <u>12</u> in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <u> </u> lbs./ft. Dia. <u>16</u> in. to <u>54</u> ft. depth Wall Thickness: inches or Dia. <u> </u> in. to <u> </u> ft. depth gage No. <u>7</u>						
			10. Screen: Manufacturer's name <u>Johnson</u> Type <u>steel</u> Dia. <u>16</u> Slot/gauze <u>3/16</u> Length <u>10</u> Set between <u>44</u> ft. and <u>54</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>3/4-3/8 1/2</u>						
(Use a second sheet if needed)			11. Static water level: <u>18</u> ft. below land surface Date <u>4-26-79</u> mo./day/yr.						
			12. Pumping level below land surfaces: <u>32</u> ft. after <u>1</u> hrs. pumping <u>500</u> g.p.m. <u> </u> ft. after <u> </u> hrs. pumping <u> </u> g.p.m. Estimated maximum yield <u>900</u> g.p.m.						
			13. Water sample submitted: <u> </u> mo./day/yr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date <u>4-26-79</u>						
			14. Well head completion: <input type="checkbox"/> Pitless adapter <u> </u> 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 <u>0</u> ft. to <u>10</u> ft.						
			16. Nearest source of possible contamination: ft. <u>1/8 m.</u> Direction <u>south</u> Type <u>corral</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No						
			17. Pump: Manufacturer's name <u>W.L.R.</u> Not installed Model number <u>5-12CHC</u> HP <u>60</u> Volts <u> </u> Length of drop pipe <u>50</u> ft. capacity <u>800</u> 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						
			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>Box 173 Great Bend, Ks</u> Signed <u>Fredia Dodson</u> Date <u>9/5/79</u> Authorized representative						
			18. Elevation:						
			19. Remarks:						

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

Form WWC-5