

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 <b>Pawnee</b>	Fraction <b>ne 1/4 ne 1/4 se 1/4</b>	Section number <b>28</b>	Township number <b>T 21 S</b>	Range number <b>R 19W E/W</b>
2. Distance and direction from nearest town or city: <b>1/4 W Rozel, Ks.</b>			3. Owner of well: <b>Clatice Myers</b>		
Street address of well location if in city:			R.R. or street: <b>Rozel, Kan.</b>		
City, state, zip code:					
4. Locate with "X" in section below:			Sketch map:		
<div style="text-align: center;"> </div>			6. Bore hole dia. <b>8</b> in. Completion date <b>8-17-77</b> Well depth <b>120</b> ft.		
5. Type and color of material			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 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 <del>XXXX</del>		
			Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>12</b> in.		
			RMP <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Weight <input type="checkbox"/> lbs./ft.		
			Dia. <b>5</b> in. to <b>120</b> ft. depth Wall Thickness: inches or		
			Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth Gauge No. <b>Sch 40</b>		
			10. Screen: Manufacturer's name <b>Jetstream</b>		
			Type <b>pvc</b> Dia. <b>5"</b>		
			Slot/gauze <b>1/16</b> Length <b>20'</b>		
			Set between <b>100</b> ft. and <b>120</b> ft.		
			Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>		
			11. Static water level: <b>41</b> ft. below land surface Date <b>8-17-77</b>		
			12. Pumping level below land surfaces:		
			____ ft. after ____ hrs. pumping ____ g.p.m.		
			____ ft. after ____ hrs. pumping ____ g.p.m.		
			Estimated maximum yield <b>50</b> 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 checked="" type="checkbox"/> Pitless adapter ____ 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 <del>XXXX</del> ft. to <del>XXXX</del> ft.		
			16. Nearest source of possible contamination:		
			ft. <b>50</b> Direction <b>nw</b> Type <b>Sewer</b>		
			Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			17. Pump:		
			____ Nat installed		
			Manufacturer's name <b>Sears</b>		
			Model number <b>1</b> HP <b>230</b> Volts		
			Length of drop pipe <b>105</b> ft. capacity <b>15</b> 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:		
Topography:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<input type="checkbox"/> Hill			<b>Kelly's Waterwell Ser 186</b>		
<input type="checkbox"/> Slope			Business name <b>R2 Great Bend, Ks.</b> License No. ____		
<input type="checkbox"/> Upland			Address <b>Kelly's Waterwell</b>		
<input checked="" type="checkbox"/> Valley			Signed <b>Kelly's Waterwell</b> Date ____		
			Authorized representative		

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

Form WWC-5