

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>Stafford</b>	Fraction <b>SW 1/4 SW 1/4 SW 1/4</b>	Section number <b>18</b>	Township number <b>T 22 S</b>	Range number <b>R 13 W</b>
2. Distance and direction from nearest town or city: <b>3 S.</b>			3. Owner of well: <b>Charles Norris</b>			
Street address of well location if in city: <b>Seward, KS</b>			R.R. or street: <b>St. John, KS.</b>			
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. <b>6</b> in. Completion date _____ Well depth <b>70</b> ft. <b>9-29-76</b>	
					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 checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
5. Type and color of material			From		9. Casing: Material _____ Height: <b>Above</b> or below Threaded _____ Welded _____ Surface <b>12</b> in. RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. <b>2</b> in. to <b>70</b> ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. <b>Sch 40</b>	
					10. Screen: Manufacturer's name _____ <b>Peerless</b> Type <b>PVC</b> Dia. <b>2"</b> Slot/gauze <b>1/8"</b> Length <b>20'</b> Set between <b>50</b> ft. and <b>70</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/8-3/4"</b>	
Top Soil - Clay			0		11. Static water level: _____ mo./day/yr. <b>17</b> ft. below land surface Date <b>9-29-76</b>	
Sand - Gravel			17		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <b>20</b> g.p.m.	
Clay			28		13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Sand - Gravel			45		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>12</b> 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 <b>0</b> ft. to <b>10</b> ft.	
					16. Nearest source of possible contamination: <b>Hogs</b> ft. <b>60</b> Direction <b>N</b> Type _____ Well disinfected upon completion? <input checked="" 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	
(Use a second sheet if needed)					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. <b>Kellys Water Well Ser 186</b> Business name _____ License No. _____ Address <b>R2 Great Bend, KS</b> Signed <b>Kelly Price</b> Date <b>10-6</b> Authorized representative	
18. Elevation:		19. Remarks:				
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley						

T 22 S  
 R 13 W  
 Sec 18  
 SW 1/4  
 SW 1/4  
 SW 1/4

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

Form WWC-5