

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 Stafford	Fraction 1/4 1/4 CS M/4	Section number 21	Township number T 22 S R 14 E/W	Range number												
2. Distance and direction from nearest town or city: 4 S. 2 E.			3. Owner of well: Louise Vice															
Street address of well location if in city: Radium, KS			R.R. or street: St John, KS															
4. Locate with "X" in section below:			Sketch map:		6. Bore hole dia. 30 in. Completion date 1-7-76 Well depth 85 ft.													
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>5. Type and color of material</td> <td>From</td> <td>To</td> </tr> <tr> <td>Top Soil - Clay</td> <td>0</td> <td>45</td> </tr> <tr> <td>Sand - Gravel</td> <td>45</td> <td>65</td> </tr> <tr> <td>Gravel - Med</td> <td>65</td> <td>85</td> </tr> </table>		5. Type and color of material	From	To	Top Soil - Clay	0	45	Sand - Gravel	45	65	Gravel - Med	65	85	7. <input type="checkbox"/> Cable tool <input 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 checked="" type="checkbox"/> Reverse rotary	
					5. Type and color of material	From	To											
Top Soil - Clay	0	45																
Sand - Gravel	45	65																
Gravel - Med	65	85																
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 IRON Height: Above or below Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Surface 24 in. RMP <input type="checkbox"/> PVC <input type="checkbox"/> Weight <input type="checkbox"/> lbs./ft. Dia. 16 in. to 25 ft. depth Wall Thickness: inches or Dia. <input type="checkbox"/> in. to <input type="checkbox"/> ft. depth gage No. 3116		10. Screen: Manufacturer's name DOORK Type IRON Dia. 16 in. Slot/gauze 1/8 in. Length 30 Set between 65 ft. and 85 ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 14-3/4														
11. Static water level: <input type="checkbox"/> mo./day/yr. 17 ft. below land surface Date 1-7-76			12. Pumping level below land surfaces: 54 ft. after 4 hrs. pumping 1200 g.p.m. ft. after <input type="checkbox"/> hrs. pumping <input type="checkbox"/> g.p.m. Estimated maximum yield 1200 g.p.m.															
13. Water sample submitted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date			14. Well head completion: <input type="checkbox"/> Pitless adapter 24 inches above grade															
15. Well grouted? <input checked="" type="checkbox"/> 1 With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From 0 ft. to 10 ft.			16. Nearest source of possible contamination: NONE ft. Direction Type 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			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. Kelly's Water Well Ser. 186 Business name License No. Address R2 Great Bend, KS Signed Kelly Vice Date 1-16-76 Authorized representative															
18. Elevation:		19. Remarks:		20. (Use a second sheet if needed)														
Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley																		

T 22 S R 14 E/W
 Sec 21
 1/4 1/4 1/4
 1/4 CS M/4

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

Form WWC-5